

N.S.C.A.R. In Case of Emergency Form

Please turn in the completed form to the Senior National President or Senior National First Vice President before you arrive on site at the national event (no later than when you arrive). If you have any questions, please contact either Mrs. Walters or Mrs. Brokaw.

*Required

1. Member Name*

2. Member Phone Number*

3. Medical Insurance Company*

4. Medical Insurance Company Phone Number*

5. Emergency Contact Name*

6. Emergency Contact Relationship*

7. Emergency Contact Phone Number*

Member Name: _____

8. Pharmacy*

9. Pharmacy Phone Number*

Medical History*

10. Please identify any allergies you have:

11. Please identify any medical conditions you have of which we should be aware:

12. Please list any medications you take of which we should be aware: