

OLD SPOKES CYCLING CLUB

MEDICAL INFORMATION CARD

Name: _____ AHC# _____

Doctor's Name: _____ Phone No. _____

Are you on any Medication? Name: _____ Dosage per day _____

Oral: _____ Inhaled _____ Injection _____

Medical Allergies: _____ Other Allergies: _____

Health Aids: Pacemaker _____ Hearing Aid _____ Contact Lenses _____ Other _____

In Case of Illness: Contact: _____ Relationship _____

Phone Number _____

Please print this form, complete it and carry it with you on all cycle rides and bus trips.