

FLC Seniors Club
Old Spokes Cycling Club
MEDICAL INFORMATION CARD

Name: _____ AHC# _____

Doctor's Name: _____ Phone No. _____

Are you on any Medication? ___ (This information will be provided to medical personnel in an emergency)

Name: _____ Dosage per day _____ Oral: ___ Inhaled ___ Injection ___

Name: _____ Dosage per day _____ Oral: ___ Inhaled ___ Injection ___

Name: _____ Dosage per day _____ Oral: ___ Inhaled ___ Injection ___

(Add any additional medications on the reverse of this page)

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.