Boxer:
Class time:

I.C.E.

InCaseofEmergency

ROCK IT OUT
BEATING PARKINSONS

Boxer Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Is this a cell? _____ Can we text you? _____

Email: _____

Preferred Hospital: _____

Neurologist: _____ Network: _____

Phone: ( ) _____

Family Doctor: _____ Phone: ( ) _____

Medications (Attach extra sheet if needed.):

_____ _____

_____ _____

Medical Information/Allergies:

_____ _____

_____ _____

DBS?: _____ Pacemaker?: _____ Diabetic?: _____

In case of EMERGENCY, please notify:

Name: _____ Relationship: _____

Phone: ( ) _____

Name: _____ Relationship: _____

Phone: ( ) _____