

American Legion Riders Chapter 58

PERSONAL / MEDICAL / EMERGENCY INFORMATION

Carry This Information On Your Motorcycle *And* On Your Person When Riding

PERSONAL INFORMATION:

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

E-mail: _____

MEDICAL INFORMATION:

Medical Condition (e.g. heart, asthma, etc.): _____

Diabetic Y/N: _____ Epileptic Y/N: _____ Contact Lenses Y/N: _____ Dentures Y/N: _____

Medications: _____ Organ Donor Y/N: _____

Insurance Co: _____

Gp/Policy #'s: _____

Blood Type: _____ Allergies: _____

Living Will Y/N: _____

Date of last Tetanus shot: _____

Prior Transfusion Reaction: _____

Primary Care Physician: _____ Phone #: _____

MOTORCYCLE INFORMATION:

Driver's License #: _____ State: _____

Motorcycle License #: _____ State: _____

Make of M/C: _____

In Case of Accident - Deposit/Release Motorcycle to Dealership or Police Impound?: _____

In Case of Accident - Deposit/Release Personal Equipment to Dealership or Police Impound?: _____

ADDITIONAL INFORMATION: