

# American Legion Riders Chapter 74

## 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:

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