

**FOR RIDER AND MEDICAL (EMT)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Religious preference \_\_\_\_\_

BLOOD TYPE IF KNOWN \_\_\_\_\_

**EMERGENCY MEDICAL RECORD BELOW**

**ATTN: POLICE & MEDICAL PERSONNEL**

**Insurance Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Date this medical form was completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Companies Policy # \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Medicare # \_\_\_\_\_

Physicians Phone(\_\_\_\_) \_\_\_\_\_

**In Case of Emergency Please Notify**

Primary Contact \_\_\_\_\_

Relationship to rider \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Keep this card with you at all times.

**TO BE RETAINED BY WI Legion Riders Staff**

**Driver Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

BLOOD TYPE IF KNOWN \_\_\_\_\_

**Passenger Name** \_\_\_\_\_

Passenger Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BLOOD TYPE IF KNOWN \_\_\_\_\_

**In Case of Emergency Please Notify (please list two)**

**Primary Contact**

Contact \_\_\_\_\_

Relationship to rider \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**Secondary Contact**

Contact \_\_\_\_\_

Relationship to rider \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**FOR RIDER AND MEDICAL (EMT)**

I am taking the following medications:

Drug Name  
Strength/Dosage  
How Often  
Reason/Condition For the Drug

Drug Name  
Strength/Dosage  
How Often  
Reason/Condition For the Drug

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Strength/Dosage  
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Strength/Dosage  
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Turn in this portion at WI Legion Riders Cruise for a Cause check in.

**TO BE RETAINED BY WI Legion Riders Staff**

Please indicate any information you feel we should know.

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (list reactions if severe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_