

N.12 Emergency Information Form



GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM Emergency Information Form

[Do Not Remove Helmet Until I am Examined by a Doctor]

Date: _____

Name: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State/Zip: _____

Date of Birth: _____ Sex: _____ Social Security #: _____

Drivers License #: _____ State: _____

Employer/Phone: _____

GWRRA Member #: _____ Home Chapter/State: _____

Chapter Contact [Name & Phone #: _____

Emergency Contact/Name: _____

Relationship: _____ Phone/Home: _____ Work: _____

Address: _____ City: _____ State/Zip: _____

Do Not leave an emergency message on an answering machine - contact must be made directly to a person

Health Insurance: _____ Company: _____

Vehicle Insurance: _____ Company: _____

City/state: _____

City/state: _____

Phone: _____

Phone: _____

Policy/Group #: _____

Policy/Group #: _____

Allergies To Medications:

Medications Now Being Used:

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

Blood Type: _____

Wear Contact Lenses: Yes: _____ No: _____

Blood Pressure: _____

Wear Dentures: Yes: _____ No: _____

Family Doctor: _____

Special Notes/Health Problems:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

[attach office card if available]

Local Police Department:

Address/Phone: _____

Sign here to authorize emergency medical treatment by a [doctor, hospital, EMT] when direct authorization cannot be given: _____