

FOR RIDER AND MEDICAL (EMT)

TO BE RETAINED BY Back to Basics Tour Staff

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 _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____

Keep this card with you at all times.



Driver Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____

Cell Phone (____) _____

BLOOD TYPE IF KNOWN _____

In Case of Emergency Please Notify (please list two)

Passenger Name

Passenger Address _____

City _____ State _____ Zip _____

BLOOD TYPE IF KNOWN _____

Primary Contact

Contact _____

Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____

Cell Phone (____) _____

Secondary Contact

Contact _____

Address _____

City _____ State _____ ZIP _____

Home Phone () _____ - _____

Cell Phone () _____ - _____

Turn in this portion at Back to Basics Tour check in.

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Please indicate any information you feel we should know.

Medical
Conditions: _____

Allergies: _____

Medications: _____

Additional Information

FOR RIDER AND MEDICAL (EMT)

I am taking the following medications:
(including over the counter and herbal products)

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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