FOR RIDER AND MEDICAL (EMT)

Name_____
Address_____
City _____State _____ZIP_____
Home Phone (____)_____
Cell Phone (____)_____
Religious preference_____

BLOOD TYPE_____

✚ EMERGENCY MEDICAL RECORD ✚

American Legion Riders
www.legion.org/riders
(317) 630-1265

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.

TO BE RETAINED BY LEGACY RUN STAFF

Name_____
Address_____
City _____State _____ZIP_____
Home Phone (____)_____
Cell Phone (____)_____

BLOOD TYPE_____

In Case of Emergency Please Notify (please list two)

Primary Contact_____
Address_____
City _____State _____ZIP_____
Home Phone (____)_____
Cell Phone (____)_____

Secondary Contact_____
Address_____
City _____State _____ZIP_____
Phone (____)_____
Cell Phone (____)_____

Turn in this portion at Legacy Run check in.

TO BE RETAINED BY LEGACY RUN STAFF

Please indicate any information you feel we should know.

Medical Conditions:_____

_____

_____

_____

_____

Allergies:_____

_____

_____

_____

_____

Medications:_____

_____

_____

_____

_____

Additional Information :_____

_____

_____

_____

_____

Turn in this portion at Legacy Run check in.

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

I have the following medical conditions/allergies:

Medical Conditions	Allergies (penicillin, sulfa, etc.)	Reactions to Allergies

Keep this card with you at all times.