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:** ______________

Health Insurance:	**Vehicle Insurance:**
Company: ______________	**Company:** ______________
City/state: ______________	**City/state:** ______________
Phone: ______________	**Phone:** ______________
Policy/Group #: ______________	**Policy/Group #:** ______________

Blood Type: ______________ **Wear Contact Lenses:** **Yes:** ________ **No:** ________
Blood Pressure: ______________ **Wear Dentures:** **Yes:** ________ **No:** ________

Allergies To Medications:	**Medications Now Being Used:**
1. ______________	**1.** ______________
2. ______________	**2.** ______________
3. ______________	**3.** ______________
4. ______________	**4.** ______________

Family Doctor: ______________	**Special Notes/Health Problems:**
Name: ______________	______________
Address: ______________	______________
City/State/Zip: ______________	______________
Phone: ______________	______________
[attach office card if available]	

Local Police Department: Do Not leave an emergency message on an answering machine - contact must be made directly to a person
Address/Phone: ______________________________

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

March 2000