

# EMERGENCY INFORMATION FORM

For your personal use only

## Personal Information:

Your Name: \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

## **PERSONAL / MEDICAL / EMERGENCY INFORMATION** Carry this information on your bike \*\*\* and \*\*\* on your person

### Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate # \_\_\_\_\_

### Medical Information:

**Medical Condition,**  
(i.e. heart, diabetes,  
Asthma, etc.)

### **Medications:**

Blood Type: \_\_\_\_\_ Allergies \_\_\_\_\_ Living Will: Yes\_\_ No\_\_

Primary Care Physician: \_\_\_\_\_ Telephone # \_\_\_\_\_

### Motorcycle / Vehicle Information:

Motorcycle / Vehicle License # \_\_\_\_\_ State \_\_\_\_ Make and Model: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Telephone # \_\_\_\_\_

### Important information:

MedStar Member: Yes\_\_ No\_\_ Northwest MedStar # (509) 536-5462

Lone Wolf Harley Davidson Dealership # (509) 927-7433