



American Legion Riders of Mountain Home

Medical Information & Emergency contact

Emergency Contact and Medical Information	
M F	
Rider's Name	Sex
Date of Birth	Primary Emergency Contact / Phone
Address	Secondary Emergency Contact / Phone
City, ST, Zip	Medical Insurance / Policy Number
Phone	Blood Type
Medical Conditions	
Current Medications being taken	
Medication Allergies	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. ***This waiver applies only in the event the rider cannot communicate for themselves or emergency contact(s) cannot be reached in the case of an emergency.***

Rider's Signature

Date