

**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](http://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.**