

**EMERGENCY INFORMATION (Do Not Remove Helmet until I am Examined by a Doctor)**

**DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Blood Type:** \_\_\_\_\_ **Wear Contact Lenses:** Yes \_\_\_ No: \_\_\_

**Blood Pressure:** \_\_\_\_\_ **Wear Dentures:** Yes \_\_\_ No: \_\_\_

Health Insurance	Vehicle Insurance
<b>Company:</b>	<b>Company:</b>
<b>City/St:</b>	<b>City/St:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Policy/Group#:</b>	<b>Policy#:</b>
Allergies to Medications	Medications Now Being Used:
1.	1.
2.	2.
3.	3.
4.	4.
Family Doctor	Special Notes/Health Problems:
<b>Name:</b>	
<b>Address:</b>	
<b>City/St/Zip:</b>	
<b>Phone:</b>	
<b>(attach office card if available)</b>	

**EMERGENCY CONTACT ... Do Not Leave an Emergency Message on an answering machine/cell phone – Contact must be made directly to a person.**

**(Name):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone/Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Local (Home) Police Department:**

**Address/Phone:** \_\_\_\_\_

**SIGN HERE to authorize emergency treatment by a (doctor, hospital, EMT) when direct authorization cannot be given:** \_\_\_\_\_