## FOR RIDER AND MEDICAL (EMT)

Nama	
Name	
Address	StateZIP
Cell Phone	)
ixeligious preference	<del>;</del>
BLOOD TYPE	
☐ EMERGEN	CY MEDICAL RECORD
Amer Amer	ican Legion Riders
www.	.legion.org/riders
	630-1376 – kgeorge@legion.org
ATTN: POLIC	E & MEDICAL PERSONNEL
Insurance Informati	<b>t</b> on
	ion
Name	
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Keep this card with you at all times.

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ddress			
	State	ZIP	
Cell Phone			
BLOOD TYPE			
In Case of Emer	rgency Please No	tify (please list t	wo)
Primary Contact			
City	State	ZIP	
Phone			Ī
Secondary Cont	act		
Address			
	State		
Phone			

Keep this card with you at all times.

Please indicate any information you feel we should know.	FOR RIDER AND MEDICAL (EMT)  I am taking the following medications:  (Including over the counter and herbal products)				
Medical Conditions:	Drug Name			How Often	Reason, For the
Allergies:					
Madigations					
Medications:					
				dical condition	ons/allergies:
Additional Information:	Medical Condit	ions	Allergies (Penicillin,	Sulfa, etc.)	Reactions to
Are you a first responder? If yes, please specify:					

Keep this card with you at all times.

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Reason/Condition For the Drug

**Reactions to Allergies**