

2023 TWV CENTURY RIDE - PERSONAL EMERGENCY MEDICAL INFORMATION

Name (Last, First, MI): _____

Bloodtype: _____

Medical Conditions (e.g. diabetes, epilepsy, or state "None"):

Allergies (or state "None"):

Medications currently taking (or state "None"):

Additional information for attending ER personnel (or state "None"):

Primary Care Physician: _____ Phone #: _____

Emergency Contact #1: _____ Phone #: _____

Emergency Contact #2: _____ Phone #: _____

Include copies of BOTH – Driver's License (or valid ID) and Health Insurance card

I give my permission to provide this information to emergency medical personnel from Saturday, March 18, 2023 through Sunday, March 19, 2023.

Signature: _____ Date: _____

Note: Provide two (2) sealed copies. One (1) copy will stay on you while riding on Saturday and Sunday and the remaining (1) copy will go in the support vehicles on Saturday. They will not be opened unless needed and will be returned after the ride is finished.