



Downriver Post 217 Legion Rider Medical Information & Emergency contact

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

I waive any liability of Downriver Post 217 from any damages and/or injury caused due to any accident that is attributable to my own or other's negligence.

Rider's Signature _____ Date _____

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 that rider cannot communicate for themselves or emergency contact(s) cannot be reached in the case of an emergency.***

Rider's Signature _____ Date _____