

**FOR RIDER AND MEDICAL (EMT)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Religious preference \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

**+ EMERGENCY MEDICAL RECORD +**



American Legion Riders  
[www.legion.org/riders](http://www.legion.org/riders)  
(317) 630-1376

**ATTN: POLICE & MEDICAL PERSONNEL**

**Insurance Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
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 \_\_\_\_\_  
Cell Phone \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

**In Case of Emergency Please Notify (please list two)**

Primary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

**Turn in this portion at Legacy Run check in.**

