

# Emergency Information Form

For your personal use only

## EMERGENCY INFORMATION FORM

### Personal Information:

Your Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_

## PERSONAL / MEDICAL / EMERGENCY INFORMATION

**Carry this information on your bike \*\*\*and\*\*\* on your person**

### Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Alternate # \_\_\_\_\_

### Medical Information:

#### **Medical Condition,**

(i.e. heart, diabetes,  
asthma, etc.)

#### **Medications:**

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_ Living Will:  Yes  No

Primary Care Physician: \_\_\_\_\_ Telephone # \_\_\_\_\_

### Motorcycle /Vehicle Information:

Motorcycle/Vehicle License # \_\_\_\_\_ State \_\_\_\_\_ Make of Bike: \_\_\_\_\_

Personal Equipment Release/ deposit to:  Next forward dealership  
CHECK ONE BOX  Police impound

Additional Information: \_\_\_\_\_

Release/deposit at local Dealer or Police Impound: \_\_\_\_\_

SIGN HERE TO AUTHORIZE RELEASE/DEPOSIT OF MOTORCYCLE