

**EMERGENCY INFORMATION FORM**

**PERSONAL INFORMATION ~ Name** \_\_\_\_\_

Phone Number ~ Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex F M  
Address ~ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License # ~ \_\_\_\_\_ HOG # ~ US \_\_\_\_\_

**EMERGENCY CONTACT ~ Name** \_\_\_\_\_

Relationship ~ \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT ~ Name** \_\_\_\_\_

Relationship ~ \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HEALTH INSURANCE ~**

Company Name ~ \_\_\_\_\_  
Phone # \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_

**VEHICLE INSURANCE ID #**

Company Name ~ \_\_\_\_\_  
Agency ~ \_\_\_\_\_  
Phone # \_\_\_\_\_  
Policy # \_\_\_\_\_

**BLOOD TYPE ~** \_\_\_\_\_

**CONTACT LENS ~ yes \_\_\_ no \_\_\_**

**ALLERGIES ~ DRUGS/ FOOD/ETC**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATIONS INCLUDING VITAMINS ~ PAIN RELIEF MEDICATIONS dosage and frequency taken**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY PHYSICIAN ~**

Name ~ \_\_\_\_\_  
Address ~ \_\_\_\_\_  
City ~ \_\_\_\_\_  
State ~ \_\_\_\_\_ Zip ~ \_\_\_\_\_  
Phone ~ \_\_\_\_\_

**SPECIAL MEDICAL HISTORY ~**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT ~Company Name ~** \_\_\_\_\_

Phone # \_\_\_\_\_

**VEHICLE ~Make ~** \_\_\_\_\_ **Model~** \_\_\_\_\_ **Year~** \_\_\_\_\_

**HOG ROADSIDE ASSISTANCE # ~ 888-443-5896**

**No one should leave an Emergency Message on an answering machine/ voice mail/ text.**

**Contact MUST be made directly.**

**Deposit this information in an envelope marked on front~~~**

**EMERGENCY INFORMATION ~ TO WHOM IT MAY CONCERN**