

# Blue Knights Ride Emergency Information

Optional information for you to provide your ride partner or road captain for use should an emergency arise and you are incapable to provide the information yourself. Periodically, you should update your information.

Full Name	
Primary Motorcycle	Year: Model:
License Plate Number	
Home Phone (     )	E-mail Address:

Emergency Contact #1	
Contact Phone Number (     )	Relation:
Emergency Contact #2	
Contact Phone Number (     )	Relation:

Medical Insurance Carrier	<input type="checkbox"/> No Insurance
Policy Number	
Medical Conditions	<input type="checkbox"/> Blood Type (if known): _____ <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> HIV <input type="checkbox"/> Other:
Medications 1. 2. 3.	Where kept if for emergency 1. 2. 3.

Vehicle Insurance Carrier	<input type="checkbox"/> No Insurance
Policy Number	
Towing Service and Policy Number  Special Instructions: <input type="checkbox"/> Tow Bike with Valuables <input type="checkbox"/> Secure and Leave at location <input type="checkbox"/> Other	<input type="checkbox"/> Motow: _____ <input type="checkbox"/> HRCA: <input type="checkbox"/> HOG: <input type="checkbox"/> Other: _____ <input type="checkbox"/> AAA: (Location of card) _____