



Rider Motorcycle Touring Club Emergency Information

**Keep this Information
on you when Riding**

Rider

Name of Rider: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone/Cell: _____

Relationship to Rider: _____

1st Emergency Contact: _____

2nd Emergency Contact Phone #: _____

Insurance Information

Health Insurance Carrier: _____

ID#: _____

Group: _____

Motorcycle Insurance Carrier: _____

Policy#: _____

Telephone#: _____

Motorcycle Year/Model: _____

Vehicle ID#: _____

Medical Information

Medications: _____

Allergies: _____

Other Important Medical Information/Conditions

Physician Information:



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