



Orange County IMRG

Member's Emergency Information



For your personal use only – Orange County IMRG does not maintain a copy of this information
Carry a copy of this in your Left Jacket/Vest Pocket and in your Left Saddlebag on your bike.

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Driver's License: _____ State: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Alternate #: _____

MEDICAL INFORMATION:

Medical Insurance Provider: _____ Policy #: _____
Medical Conditions, (i.e., heart, diabetes, Asthma, etc.):

Medications:

Blood Type: _____

Allergies: _____

Primary Care Physician: _____ Telephone #: _____

MOTORCYCLE INFORMATION:

Motorcycle License Plate # _____ State: _____
Year: _____ Make: _____ Model: _____ Color: _____

VEHICLE INSURANCE:

Insurance Carrier: _____ Policy Number: _____

**In the event of an accident/breakdown the rider is responsible for any/all medical expenses & tow fees.*

MAKE TWO COPIES!

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