

This information is strictly voluntary and will remain confidential. This form will be sealed in an envelope and opened only in the event of an injury or illness while attending a Rolling Thunder event.

Name _____ Home Phone _____

Address _____

Next of Kin _____ Phone _____

Address _____

Name of person to notify in case of an emergency _____

Phone _____

LIST ALL MEDICATIONS ON REVERSE

Do you have any of the following medical diseases/disorders:

___ Diabetes ___ History of Stroke ___ List any other medical condition(s) you consider important

___ High Blood Pressure ___ History of Seizures _____

___ Do you have any Allergies ? _____

If yes, please list here _____

Name of Health Insurance _____

ID# _____ Group# _____ Phone # _____

Name of private physician _____ Phone# _____

Do you have a living will? YES NO Does someone have a durable power of attorney? YES NO

Are you an organ donor? YES. NO

Who should be contacted in the event these documents are needed?

Name _____ Phone# _____

Address _____

Printed Name _____ Date _____

Signature _____