

# R.12 RPMA Emergency Information Form

## RPM Academy



### Emergency Information Form

[Do Not Remove Helmet Until I am Examined by a Doctor]

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Employer/Phone: \_\_\_\_\_

Emergency Contact/Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone/Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Do Not leave an emergency message on an answering machine - contact must be made directly to a person

Health Insurance: \_\_\_\_\_ Company: \_\_\_\_\_

Vehicle Insurance: \_\_\_\_\_ Company: \_\_\_\_\_

City/state: \_\_\_\_\_

City/state: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Allergies To Medications: \_\_\_\_\_

Medications Now Being Used: \_\_\_\_\_

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

Blood Type: \_\_\_\_\_

Wear Contact Lenses: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Wear Dentures: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Special Notes/Health Problems: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

[attach office card if available]

Local Police Department:

Address/Phone: \_\_\_\_\_

Sign here to authorize emergency medical treatment by a [doctor, hospital, EMT] when direct authorization cannot be given: \_\_\_\_\_