

Emergency Medical Information Form Instructions

The purpose of the form is to provide information to be used by medical personnel (first responders and – hopefully not – at a hospital) and your cycling companions if you should have an accident that requires medical care, contact with your family, etc.

A copy should be kept with you – on your bike or in a jersey pocket.

It is also strongly suggested that you update your Medical Information and ICE contacts on your iPhone or Android. Emergency personnel can access this information (without accessing anything else on your cell phone).

Emergency Medical Information Please print legibly.

NAME: _____ **DOB:** _____ **Age:** _____
First, MI, Last mm/dd/yyyy

Emergency Contact #1

Name: _____ Phone #: _____ Relationship: _____

Emergency Contact #2

Name: _____ Phone #: _____ Relationship: _____

Condition(s) that medical personnel may need to know about in order to care for you (diabetes, asthma, heart/lung issues, pacemaker, etc.):

Medications you currently take:

Allergies:

Blood type: _____

Primary Care Physician

Name of Provider: _____ Phone #: _____

Name of Medical Group: _____ City: _____

Specialist (if necessary)

Name of Provider: _____ Phone #: _____

Name of Medical Group: _____ City: _____

Health Insurance Info

To include insurance information, you can either write in the information below, or simply scotch tape a copy of the card onto the area below. If not, be sure to carry your insurance card with you.

Health Insurance Company: _____

Network: _____

ID Number: _____ Group Number: _____

Phone re medical coverage: _____ Phone re pharmacy coverage: _____