



Emergency - Rider Information Sheet (E-RIS)

WHAT IS THIS?

This 'Emergency - Rider Information Sheet', when completed, contains important information about you (or your passenger), who to contact in case of an emergency, and related personal medical information. This form has been prepared courtesy of Toronto Wings, Region J, Ontario Division One, Chapter T, and is intended for use by any GWTA member and any other motorcyclist that wishes to use it.

HOW DO I USE IT?

The 'sheet' has been designed to fit inside of a wallet or a plastic insurance folder (commonly distributed by insurance brokers and intended to hold vehicle registration and insurance slips).

WHAT DO I DO?

- Print the form
- Fill out the details
- Cut away all excess paper outside of the border
- Fold vertically
- Fold horizontally in an 'accordion' style

WHERE DO I KEEP THIS?

It is recommended that the completed form (or a copy) be placed on your bike in one of two locations to assist your co-riders in locating the information if necessary:

- Location 'A' – in the top front pocket of the bike (preferable in the locked storage pocket); or
 - Location 'B' – inside the left side saddlebag
- You may also choose to carry a copy inside your wallet next to your driver license.

PASSENGER?

-If you frequently ride with a passenger, have them complete the form and carry it in their wallet next to their driver license.

Recommendations for modification of the form should be directed to Toronto Wings, GWTA.

Name: _____

Phone numbers Address: Unit#: _____

Res:()- _____ Street _____

Bus:()- _____ City: _____

Cell:()- _____ Prov: _____ Postal: _____

PRIMARY CONTACT: _____

Relationship: _____

Phone numbers: Res:()- _____

Bus:()- _____ Cell:()- _____

ALLERGIES:

SECONDARY CONTACT: _____

Relationship: _____

Phone numbers: Res:()- _____

Bus:()- _____ Cell:()- _____

ALTERNATE CONTACT _____

Relationship: _____

Phone numbers: Res:()- _____

Bus:()- _____ Cell:()- _____

MEDICAL INFORMATION:

BIRTH DATE: DD- _____ MM- _____ YY- _____

BLOOD TYPE: _____ GENDER: M _____ F _____

ORGAN DONER: N _____ Y _____ (see driver licence0

MEDICAL CONDITION:

HEALTH INSURANCE

OHIP #: _____

PRIVATE MEDICAL INSURANCE:

Insurer: _____

Policy #: _____

Phone: ()- _____

()- _____

MEDICATION BEING TAKEN – as of (date): _____

FAMILY DOCTOR:

Name: _____ Phone: ()- _____

DOCTOR (SPECIALIST):

Name: _____ Phone: ()- _____

PHARMACY:

Name: _____ Phone: ()- _____

OTHER NOTES:

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