

CAROLINA'S UMPIRE ASSOCIATION

Emergency Health Care Information

In the event an injury or other emergency health condition occurs while you are performing officiating duties at a GAME SITE, the following information will provide onsite medical personnel with the necessary information to assist you.

Please note that all information listed below is shared by you on a voluntary basis solely for the purpose of providing you with more informed medical care should the occasion arise.

Name: _____
Street/PO Box: _____ City _____ State: _____

Emergency Contact #1

Name: _____ Relationship: _____
Cell: _____

Emergency Contact #2

Name: _____ Relationship: _____
Cell: _____

Primary Physician

Name: _____
Phone: _____

Allergies (list any drugs, bee stings, etc.)

Reaction? (e.g., rash, shortness of breath)

_____	_____
_____	_____
_____	_____

Medications-include aspirin, herbs, vitamins (name, dosage, frequency)

Medical Conditions (e.g., Diabetes)

Blood Type (circle one if known) O+ | O- | A+ | A- | B+ | B- | AB+ | AB-

Health Insurance Information

Insurance Provider: _____

Phone Number: _____ **Account/ID Number:** _____