

# 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: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

### Emergency Contact #3

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

### Primary Physician

Name: \_\_\_\_\_  
Phone#: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications including 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:** \_\_\_\_\_