

LINCOLN HILLS SENIOR SOFTBALL LEAGUE

Medical Information for Emergency

To facilitate provision of medical care in case of injury or medical emergency during participation in team games the following information will be of great importance. The information provided is voluntary and will remain in a binder located at the field. If you prefer to keep this information confidential, please seal this page in a standard (4"x 9 1/2") envelope, and it will be opened only if needed by Emergency Medical personnel. Please print your name on the outside of the envelope.

NAME (Print) _____

PERSON OR PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

NAME	RELATIONSHIP	TELEPHONE NO.

MEDICATION PRESENTLY TAKEN _____

ALLERGIES, INCLUDING MEDICATION _____

HEALTH INSURANCE PLAN _____

DOCTOR'S FULL NAME _____ TELEPHONE NO. _____

HOSPITAL PREFERENCE _____ BLOOD TYPE (IF KNOWN) _____

RUNNER REQUIRED FROM HOME PLATE (DOCTOR'S NOTE REQUIRED) Yes _____

SIGNATURE _____ DATE _____

Please disclose and list any other medical problems, devices, or concerns that would aid Emergency Medical personnel in the event of a medical emergency (example: pacemaker, implants, internal defibrillator, etc.)

**The LHSSL assumes no liability and participates in the role of Good Samaritan.
The LHSSL does not provide medical insurance.**