

# LINCOLN HILLS SENIOR SOFTBALL LEAGUE

## MEDICAL INFORMATION FOR EMERGENCY – 2010

To facilitate provision of medical care in case of injury or medical emergency during participation in team games, the following information could 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.**