

2023 UMPIRE EMERGENCY MEDICAL SHEET

Effective 9-1-2022 to 8-31-2023

ALL information is and will remain confidential. We wish to avoid situations that could delay medical treatment if at all possible. We would like to be prepared to assist you in an emergency.

PLEASE complete and place in a SEALED envelope with YOUR NAME AND "UMPIRE EMERGENCY MEDICAL SHEET" on the front.

Make sure this form is delivered to your UIC.

LAST NAME FIRST NAME MIDDLE DATE OF BIRTH

ADDRESS CITY STATE ZIP

CELL PHONE NUMBER

Please state ANY medications currently taking: _____

Please state ANY known allergies: _____

If you are allergic to bees/wasps – do you carry an EPI pen with you in your bag? _____

Please state ANY other medical history or Issues EMS teams should be aware of in case of emergency: _____

CONTACT IN CASE OF EMERGENCY: *Please Print* – List multiple contacts if possible:

Contacts name Relationship Cell phone

Contacts name Relationship Cell Phone

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