

# North State Football Officials Emergency Health Care Information



In the event an injury or other emergency health condition occurs while you are performing your officiating duties at a North State institution, 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: \_\_\_\_\_

Sport/Position: \_\_\_\_\_  
(Referee, Football Back Judge, etc.)

### **Emergency Contact #1**

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

### **Emergency Contact #2**

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

### **Primary Physician**

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

<b>Allergies (list any drugs, bee stings, etc.)</b>	<b>Reaction? (e.g., rash, shortness of breath)</b>
_____	_____
_____	_____
_____	_____

**Medications including aspirin, herbs, vitamins (name, dosage, frequency)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions (e.g., Diabetes)**      **Blood Type** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Health Insurance Information**

Insurance Provider \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Account/ID Number \_\_\_\_\_