



DIRECTOR/UMPIRE MEDICAL SHEET



NOTE: This sheet is intended for use during current MI NSA-BPA Tournament Season.

ALL information is and will remain confidential. We wish to avoid situations that could delay medical treatment if at all possible. In the past, we have had no history or emergency contact info. If you decide to utilize this sheet, you should destroy it after this current season, and you will need to fill one out every year. We would like to be prepared to assist you in an emergency.

IF YOU WISH Michigan NSA/BPA to have this available to us at tournament sites, **please bring a copy in a SEALED envelope with YOUR NAME & "UMPIRE MEDICAL SHEET" on the front to EACH Tournament you are working.** Make sure to inform the UIC or TD and even other umpires if you have this form with you in your umpire bag. Thank you.

_____	_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE	Date of Birth
_____		_____	_____
Address		City	State Zip
(_____) _____	(_____) _____		
Home Phone Number		Work 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 an emergency: _____

PHYSICIAN NAME: _____

Family Physician's Phone number: (_____) _____ - _____

CONTACT IN CASE OF EMERGENCY: *PLEASE PRINT – Please supply more than one person if possible.*

_____	_____
Contact Name	Relationship
(_____) _____	(_____) _____
Phone	Alternate Phone

_____	_____
Contact Name	Relationship
(_____) _____	(_____) _____
Phone	Alternate Phone

INSURANCE INFORMATION:

Subscriber Name: _____ Insurance Company: _____

Policy/Group/Certification Numbers: _____

Subscriber's SS# (ONLY If applies to insurance numbers) _____