



Inner Piedmont Football Officials

Medical Information Form

In the event an injury or other emergency health condition occurs while you are performing officiating duties at a GAME SITE, the following information will provide onsite medical personnel with 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:	
Address:	
City / State:	
Zip Code:	

Emergency Contact #1			
Name:		Home Phone:	
Relationship:		Cell Phone:	

Emergency Contact #2			
Name:		Home Phone:	
Relationship:		Cell Phone:	

Primary Physician			
Name:		Home Phone:	
Office Phone:		Cell Phone:	

Allergies (drug, bee sting, etc.)	Allergy Reaction (rash, shortness of breath, etc.)

Medications (Include aspirin, herbs, etc.)	Dosage & Frequency

Medical Conditions	



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Blood Type:	
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Health Insurance Information			
Insurance Provider:		ID Number:	
Phone Number:		Group Number:	