

Medical Information Form

The SFSSI is providing this medical information form to any player, coach, manager, umpire, or any participant involved in game participation.

This medical information form is strictly **Optional and not Mandated** by the SFSSI.

This form, if a participant chooses to make use of it, is to help emergency personnel quickly assess your condition and expedite your care.

The information if you choose to use the form needs to be placed in a sealed envelope for your privacy and given to your manager or his designee.

Information

Name: _____ Age: _____

Address (Optional): _____

Phone (Optional): _____

Contact Person: _____

Blood Type (Optional): _____

Allergies (Optional): _____

Existing Medical Concern (Optional): _____

Medications (Optional): _____

Additional Concerns: i.e., (Diabetes, Joint Replacements, ECT):
