

**Triad Basketball  
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 Triad Basketball 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: \_\_\_\_\_  
(Basketball Referee, etc.)

**Emergency Contact #1**

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

**Emergency Contact #2**

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

**Primary Physician**

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

**Allergies** (list any drugs, bee stings, etc.)      **Reaction?** (e.g., rash, shortness of breath)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_