

WSSL Emergency Medical Information

There may be an occasion when you sustain an injury or a medical emergency and become incapacitated. Providing emergency response personnel with timely and accurate information could prove vital to the care you receive. The WSSL requests you provide current and accurate information on this form to assist responders with your immediate care.

Please, place the completed form in a sealed envelope with your name on the front and give it to any board member. The league will ensure its security. It will only be opened in case of an emergency on your behalf. The form will be retained for use in the next season, unless you request to have it returned to you. You may submit an updated form at any time. Please use the back of this page if necessary.

Name:

Birthday:

Emergency contact and phone number:

Other emergency contact:

Primary care physician/phone number:

Allergies to medications:

Allergies in general:

Prescription medications/dosage:

Non-prescription medications, vitamins, supplements:

Electronic implants, metal joint replacements, other metals, etc.: