



**NORTH COUNTY SENIOR SOFTBALL LEAGUE
EMERGENCY MEDICAL INFORMATION
For BAT BAG TAG**

Name & Address:	Emergency Contact 1: Name: Home Phone: Cell Phone: Work Phone:
Physician Name & Phone Number	Emergency Contact 2: Name: Home Phone: Cell Phone: Work Phone:
Health Insurance Plan & Member #:	Medications:
Allergies:	Other: (implanted medical devices, diabetes, seizures, etc.)
Blood Type:	DOB:

If you're interested in purchasing a bat bag tag, please complete the form. When complete, save the file with your name (example: SMITH.doc or SMITH.docx) and email to jawnee@roadrunner.com.

Cost is \$3.