DRFL LLC / SEDFL

PLAYER EMERGENCY CONTACT INFORMATION

Player completes and updates

Emergency use only

Keep this form restricted. Use it to contact the player's chosen emergency contacts and provide relevant information to 911, EMS, or qualified healthcare professionals during an emergency. Do not use private medical information for ordinary roster or playing decisions.

1. PLAYER INFORMATION

☐ DRFL ☐ SEDFL ☐ Flag ☐ Tackle ☐ Other

Legal name

Preferred name

Date of birth

Team

Jersey number

Phone / videophone

Email

Home address

City

State

ZIP

2. ACCESSIBLE EMERGENCY COMMUNICATION

☐ ASL ☐ Videophone ☐ Text ☐ Voice ☐ Interpreter requested when available

Preferred emergency communication

Interpreter / relay notes

3. PRIMARY EMERGENCY CONTACT

Full name

Relationship

Primary phone / VP

Alternate phone

Email

Preferred contact method

4. SECONDARY EMERGENCY CONTACT

Full name

Relationship

Primary phone / VP

Alternate phone

Email

Preferred contact method

5. CONTACT PRIORITY AND SPECIAL INSTRUCTIONS

☐ Call primary first ☐ Call secondary first ☐ Contact both

Emergency contact instructions - language, accessibility, unavailable times, or other useful details

If 911 is needed

Call 911 first for a serious or life-threatening emergency. Do not delay emergency care while trying to reach an emergency contact. Follow the venue Emergency Action Plan.

Player choice and responsibility

Provide information that may help emergency responders. Write 'none known' when appropriate. The player should update this form whenever contact, medication, allergy, communication, or relevant health information changes.

6. EMERGENCY MEDICAL INFORMATION

Allergies - medication, food, insect, latex, or other - and known reaction

Current medications relevant to emergency care - name, purpose, and location if carried

Medical conditions relevant to emergency care - do not include unrelated private information

Blood type, if known

Medical alert ID / location

Emergency device carried and location

☐ Inhaler carried ☐ Epinephrine auto-injector carried ☐ Glucose / diabetes supplies

☐ Other emergency device ☐ No emergency device reported

7. HEALTHCARE CONTACT - OPTIONAL

Healthcare professional / clinic

Phone

City / state

Other emergency information the player wants responders to know

8. PLAYER AUTHORIZATION AND ACKNOWLEDGMENT

I authorize DRFL LLC / SEDFL personnel to share the emergency information on this form with 911, EMS, qualified healthcare professionals, facility emergency personnel, and my listed emergency contacts when reasonably needed for an emergency response. I understand that league personnel do not diagnose, prescribe treatment, or guarantee confidentiality beyond reasonable restricted handling.

☐ I confirm this information is accurate to the best of my knowledge

☐ I will provide updated information when it changes

Player printed name

Signature after printing

Date

Authorized recipient / custodian

Role

Date received

Season / expiration

Restricted storage

Store securely with access limited to authorized personnel who need the information for emergency preparation or response. Do not post this form in group chats, team messaging, social media, or public roster files. Destroy or archive it under the approved record-retention policy.

This form does not replace a medical alert ID, professional medical advice, emergency care, insurer requirements, or applicable law. DRFL LLC / SEDFL should have its final privacy and retention process reviewed by legal counsel and its insurer.