

# Medical Information

## General

Athlete: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Emergency numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternative Person Name & Number: \_\_\_\_\_

Doctor Name & number: \_\_\_\_\_

Does your athlete have:

Down Syndrome       Heart Problems       Cerebral Palsy

Autism       ADD or AD/HD

Diabetes

Does your athlete wear an insulin pump:  yes       no

Moderate to severe Visual Impairments       Wear foot/leg orthotics

Partial/Complete Deafness

Does your athlete wear hearing aides?  yes       no

Asthma

Does your athlete carry with him/her an inhaler?  yes       no

If yes, please indicate the type of inhaler: \_\_\_\_\_

Epilepsy

Please explain type of typical seizures and note any consistent triggers:

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Sensory Integration Disorder

Please briefly explain sensory triggers (i.e.: types of touch or sound that are upsetting):

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Non Verbal or Limited Vocal Communication Ability

Utilizes a communication device?  yes  no

If yes, please indicate what type: (i.e., Dynavox, PCS board/book)

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Utilizes sign language?  yes  no

Diet / Food restrictions: \_\_\_\_\_

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List ALL medications that your athlete takes on a daily basis:

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Please list ALL Allergies; including food, drugs, plants, animals, insects, etc.

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Check any over the counter medications your athlete may take while at competition, practice or KCSO sponsored social event:

Tylenol

Cough Drops

Imodium

Maalox

Ibuprofen

Benadryl

Others - sent by you \_\_\_\_\_

Is there any additional information that you would like for us to know about you're athlete?

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# State Meets

## Medication Requirements to attend state meets:

- Complete medical information sheet - This form **MUST** be turned in **1 week prior to State**
- Parents will need to arrange to meet with Deb Clason or her designee if there are extraordinary care needs. This meeting must be arranged by the parent and must take place **1 week prior to State.**
- ***ALL INSTRUCTIONS and ADMINISTRATION DEMONSTRATIONS of medicine or treatments (including machines and refrigerated medicine) must be done 1 week prior to State.***
- Place all medications in the given brown envelopes, you can obtain more if you need them from coach
- Instructions and dosages labeled on the brown envelope must be completed
- All medications and instructions must be given to Deb Clason at least 48 hours prior to athletes leaving for the state meet.  
***Athletes will be scratched at this time if this is not done and parents will be charged the cancelled fee. Any items that can Not be given 48 hours ahead of time MUST be approved through Ms. Clason - ONLY (ie refrigerated medicine, machines).***

Please list all medications to be given. Most medications will be given during meal times. If there is a specific time your athlete needs medications other than meal times please indicate.

Give these medications with food/drink: \_\_\_\_\_

Give these medication in a special way: \_\_\_\_\_

\_\_\_\_\_

Special diet needs: \_\_\_\_\_

\_\_\_\_\_



