

SPECIAL OLYMPICS MICHIGAN – AREA 8 ATHLETE MEDICAL UPDATE INFORMATION

PLEASE PRINT ALL INFORMATION

DATE _____

ATHLETE NAME _____

ATHLETE BIRTHDATE _____ HOME PHONE # _____

PHYSICIAN NAME AND PHONE # _____

INSURANCE COMPANY NAME AND POLICY # _____

In case of an emergency Area 8 can contact and/or release this athlete to the people listed below. Please list in the order you would like contact to be made.

1 NAME _____ PHONE # _____ RELATIONSHIP _____

2 NAME _____ PHONE # _____ RELATIONSHIP _____

3 NAME _____ PHONE # _____ RELATIONSHIP _____

LIST ALL MEDICATIONS THAT HAVE BEEN PRESCRIBED FOR THIS ATHLETE

USE ADDITIONAL PAGE IF NEEDED

MEDICATION NAME & STRENGTH	DOSAGE (# OF TABLETS)	TIME	TIME	TIME	WITH FOOD Y/N

* CAN THIS ATHLETE RECEIVE TYLENOL, MOTRIN, ASPIRIN OR IBUPROPHIN?
YES _____ NO _____ PLEASE CIRCLE WHICH YOU PREFER.

* LIST ANY MEDICATIONS THAT SHOULD BE TAKEN WITH MEALS

* LIST ANY ALLERGIES TO MEDICATIONS, BEE STINGS, FOOD, ETC

* PLEASE LIST ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD BE HELPFUL, USE A ADDITIONAL PAGE IF NEEDED