

**AREA #30
ATHLETE MEDICAL UPDATE FORM**

GENERAL INFORMATION

Athlete: _____ Sports Event: _____ Legal Guardian: _____
 Age: _____ Date of Event: _____ Phone: _____

Insurance Carrier Name: _____ Policy #: _____
 Who Contact in Emergency: _____ Phone #: _____
 Physician Name: _____ Phone #: _____
 History of Seizures? Yes No BBCIC/Hep. B/HIV? Yes No
 Food/Medication Allergies: _____
 Special Dietary Needs: _____
 If treatment is needed at a medical facility, your choice would be: Hospital ER Walk-In Health Care

MEDICATION (NOTE: If more than 3 medications are given, please make copy of this form and fill out Medication portion)

Medication	Method Given	Time(s) Day Taken	Dosage	Description of Medication
_____	<input type="checkbox"/> Liquid <input type="checkbox"/> Pill	_____	_____	_____
<input type="checkbox"/> Drops <input type="checkbox"/> Syringe <input type="checkbox"/> Gel <input type="checkbox"/> Spray	_____	_____	_____	_____
<input type="checkbox"/> Powder <input type="checkbox"/> Inhaler <input type="checkbox"/> Cream	_____	_____	_____	_____

Medication Taken in Last 72 Hours: _____

What Happens if Medication is Late or Missed (possible side effects)?

Changes in Medical History (i.e. no longer pregnant, high blood pressure, new seizures, surgery)

Medication	Method Given	Time(s) Day Taken	Dosage	Description of Medication
_____	<input type="checkbox"/> Liquid <input type="checkbox"/> Pill	_____	_____	_____
<input type="checkbox"/> Drops <input type="checkbox"/> Syringe <input type="checkbox"/> Gel <input type="checkbox"/> Spray	_____	_____	_____	_____
<input type="checkbox"/> Powder <input type="checkbox"/> Inhaler <input type="checkbox"/> Cream	_____	_____	_____	_____

What Happens if Medication is Late or Missed (possible side effects)?

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<input type="checkbox"/> Powder <input type="checkbox"/> Inhaler <input type="checkbox"/> Cream	_____	_____	_____	_____

What Happens if Medication is Late or Missed (possible side effects)?

Name _____ Date _____
 (Parent/Guardian/Staff)

****Special Olympic Policy****
 We are not trained medical personnel.
 A family/staff member may be required to attend with an athlete.
 All medications must be given to Mary Adams when an athlete is dropped off for an event.