

SPECIAL OLYMPICS MICHIGAN – AREA 8 COACH/CHAPERONE MEDICAL UPDATE INFORMATION

PLEASE PRINT ALL INFORMATION

DATE _____

NAME _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE _____ HOME PHONE # _____ WORK # _____

PHYSICIAN NAME AND PHONE # _____

INSURANCE COMPANY NAME AND POLICY # _____

In case of an emergency Area 8 can contact and/or release this coach/chaperone 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 PRESCRIBED FOR THIS COACH/CHAPERONE

USE ADDITIONAL PAGE IF NEEDED

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

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

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

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