Special Olympics
Pennsylvania
Montgomery County

Special Olympics Montgomery County

Medical Update

THIS FORM & A COPY OF THE ATHLETES INSURANCE CARD MUST BE HANDED IN THE FIRST WEFK OF PRACTICE

Athlete's Name _____ Phone _____

Email _____ Cell Phone _____

Address, City, State, Zip _____

_____

Insurance Information MUST be filled in. Please Provide a COPY of Athlete's Insurance Card.

Insurance Co. _____

Policy Number _____

Medication	Dosage	Amount/Time	Reason

No Medications of ANY kind (prescription or over-the-counter) will be given unless specified above.

Is permission given to administer Tylenol, if needed: (yes or no) _____

Is Athlete self-medicating? (yes or no) _____

Is Athlete knowledgeable about medications? (yes or no) _____

Does the Athlete have allergic reactions to anything. Medications, bee stings, food, etc. (yes or no) _____

Please state allergy _____

Family/Caregiver concerns _____

_____

Signature of Parent/Guardian _____

Date _____

Form Has 2 Sides

Special Olympics Montgomery County **Athlete Seizure Information**

This Completed Form and a copy of the Athlete's Insurance Card Must Be Returned on the first Day of Practice

Complete the following if athlete has seizures. If athlete does not have seizures please note with "N/A"

Athlete's Name _____

Type of seizure_____ Frequency _____

Date of last seizure_____ Length of Seizure_____

Describe usual characteristics of seizure _____

_____

Indicate each of the following as: A: Always S : Sometimes N : Never

_____ Falls to floor
_____ Clenched jaw
_____ Lips pale
_____ Lips blue
_____ Frothy saliva
_____ Loss of response
_____ Abnormal eye movement
_____ Rigid trunk, arms and legs
_____ Difficult to arouse after seizure
_____ Jerking movements of arms and legs

Describe activity that appears to precipitate seizure_____

_____

Describe actions to be taken if your athlete has a seizure _____

_____

Describe athlete's activity level after a seizure _____

_____

Do you wish to have an ambulance called immediately in the event your athlete has a seizure?

_____

If there is any evidence of respiratory distress or injury or if the seizure lasts more than 5 minutes, an ambulance will be automatically called. In the event an ambulance is called to the scene, the Athlete/Parent's primary insurance carrier will be billed. Whatever is not covered can then be submitted for coverage through Special Olympics insurance.

Athlete's Physician _____ Phone _____

Athlete's Neurologist _____ Phone _____

Parent/Guardian _____ Phone _____

_____ Date _____

Signature of Parent/Guardian

Form Has 2 Sides