



# Current Medical Information For Out-of-Town Trip



Athlete: \_\_\_\_\_  
Last First MI

Parent/Guardian: \_\_\_\_\_  
Last First

Parent/Guardian Home Phone: ( ) - \_\_\_\_\_

Parent/Guardian Work Phone (Day): ( ) - \_\_\_\_\_

Parent/Guardian Cell Phone: ( ) - \_\_\_\_\_

**Please list one person, other than in your own home, whom we could contact, day or night, and who would be able to get in touch with you in case of an emergency.**

Name: \_\_\_\_\_

Relationship to Parent/Guardian: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Nighttime phone: \_\_\_\_\_

### Authorization for Administration of Fever Reducer/Pain Medication

I request that my child be given Tylenol (normally) for any of the following: elevated temperature, headache, cramps, and other pain (cross out any that you don't want medication given for) **Tylenol**. (List specific medication if you want something different from Tylenol to be given, you will need to specify it and supply it for the trip)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Current Prescribed Medications (attach additional information ,as needed):**

Medication Name	Dosage	Frequency	Date Prescribed	Prescribed for Following Condition (s)	Physician Name/ Telephone

Is your child allergic to anything? \_\_\_\_\_ If yes, what is the reaction? \_\_\_\_\_

Comments: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_