

Athlete's Name: _____

MEDICAL INFORMATION (please print) Add additional sheets if necessary.

Please check here if you have added additional sheets.

Describe the Athlete's Challenges _____

Are there any medical conditions? (allergies, diabetes, asthma, heart, etc.) Circle and list others:

Is there a history of seizures? (Yes/No) Frequency _____ Seizure Triggers _____

Type (mild, minor, major) _____ Describe seizure protocol _____

Does the athlete take medications on a regular basis? (Yes/No) If possible, attach list of medications.

List any special assistance or dietary needs _____

Other pertinent medical information or limitations _____

When traveling, we try to house everyone in a ratio of 3 athletes per chaperone. What special information should your athlete's chaperone know during evening and sleep hours?

Medical Care - I, the undersigned, authorize a representative of GAP or GMST to secure medical care for the above named athlete in case of emergency. I understand 911 may be called and that I will be held responsible for the payment of any medical expenses.

Insurance Provider: _____ Name of Insured: _____

Policy Number: _____ Group Number: _____

I, the undersigned, give permission for GAP or GMST (paid staff/volunteers) to administer basic first aid for minor medical issues. This may include, but is not limited to, band aids, antibiotic cream, ice packs, etc. **Please check the appropriate box if your athlete may be given Tylenol Ibuprofen and/or antacids . Please add any other non-prescription remedies _____.**

Parent/Guardian/Caregiver signature

Date

Athlete's signature

Date

Athlete's Name: _____

Date _____

PARENT/LEGAL GUARDIAN/CAREGIVER INFORMATION

Enter name in appropriate space ➡	(Circle appropriate categories) Parent/Legal Guardian/Caregiver _____	(Circle appropriate categories) Parent/Legal Guardian/Caregiver _____
Cell Phone		
Home Phone		
Work Phone		
E-mail Address		
Home Address		

ATHLETE INFORMATION

Athlete's Name _____ Male/Female (circle one)

Athlete Address _____ Birth Date ____/____/____
MM/DD/YYYY

City _____ State _____ Zip Code _____

Athlete Phone _____

Athlete E-mail _____

Emergency Contact (This contact should be different than Parent/Guardian or Caregiver)

Name: _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____