



Special Olympics
Florida

MED CARD

ATHLETE MEDICATION INFORMATION

County: _____ **Date: _____

Athlete Name: _____

Athlete Sex (M or F): _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: () _____

Submit an updated copy of this form or the Athlete Yearly Update Form with the Registration materials prior to each competition for all athletes that are currently on medication.

*****Med Cards are only good for 30 days after completion of form. An updated Med Card needs to be filled out for each competition.***

CURRENT PRESCRIBED MEDICATIONS:

Medication Name	Dosage	How often taken	Date Prescribed	Prescribed for Following Condition(s)	Physician Name/ Telephone
1.)					
Specific dosage instructions:					
Specific dosage instructions:					
Specific dosage instructions:					
Specific dosage instructions:					

Comments: _____

Form completed by: _____

Keep a copy of this information with the coach/chaperone and head delegate at all times.