



**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
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.**