

SPECIAL MEDICAL INFORMATION FORM – new form to be created

Student First Name: Student Last Name: DOB: Student ID#:

Do you have any Allergies? Yes – No

Does this Allergy require and Epi- Pen? Yes – No

If you answer yes you are required to download and print this form and have your physician fill out and return it to your Athletic Trainer. Physician's Statement for Student Held EpiPen

Do you have Asthma? Yes – No

Does your Asthma require an Inhaler? Yes – No

If you answer yes you are required to download and print this form and have your physician fill out and return it to your Athletic Trainer. Physician's Statement for Student Held Inhaler

Do you have Diabetes? Yes – No

Are you?

Type 1 - Type 2 - No Diabetes

If you have diabetes you are required to download and print this form and have your physician fill out and return it to your athletic trainer.

Physician's Authorization for Student Self-management of Diabetes

Do you have Seizures? Yes – No

If you answer yes you are required to download and print this form and have your physician fill out and return it to your Athletic Trainer. Physician's Authorization for Student Self-management of Seizures

Do you have any other Special Medical Conditions? Yes – No

If you answer yes please list and explain condition and how it is being treated.

Do you take or need any other Prescription Medications on a daily basis or for immediate care?
Yes – No

Does your student currently have or a previous history of:

Bone/joint injury or disease? Yes - No

Frequent headaches? Yes – No

Bleeding or blood disorder? Yes – No

High blood pressure? Yes – No

Heart murmur? Yes – No

Eye or vision problems? Yes – No

Wears contacts or glasses? Yes – No

Missing/non-functioning limbs/organs? Yes - No

Emotional disturbance? Yes – No

Cardiac Illness? Yes – No

Sickle Cell/Trait? Yes – No

Concussion/Head Injury? Yes - No

I/We hereby authorize the Royal ISD Athletic Trainers to administer to my minor child over the counter and/or prescribed medication, including emergency medications (epi-pens, diabetic supplies, etc.) according to the directions contained on the medications original label. If the medication is not in its original package/labeling, the medicine will not be given except in life saving emergencies. Yes – No

I/We hereby authorize the Royal ISD Athletic Trainers to provide my minor child electrolyte drinks and protein bars (Gatorade/Powerade) as a nutritional replenishment. Yes – No

Parent/Guardian Name (Print)

Parent/Guardian Signature

Pursuant to the Texas Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above-named student and that the information is accurate to the best of your knowledge.