2017-2018 **SMI**

SPECIAL MEDICAL INFORMATION FORM

First Name _____ Last Name _____Student ID_____

Do you have any allergies?

o Yes o No

Does this Allergy require an Epi-Pen?

o Yes o No

If you answer, **YES**, please obtain the ***Physician's Statement for Student Held EpiPen*** form from your Athletic Trainer or school nurse, have your physician fill it out and return it to your Athletic Trainer.

Please state Allergies

Do you have Asthma?

o Yes o No

Does your Asthma require an inhaler?

o Yes o No

If you answer, **YES**, please obtain the ***Physician's Statement for Student Held Inhaler*** form from your Athletic Trainer or school nurse, have your physician fill it out and return it to your Athletic Trainer.

Please state Medication used

Do you have Diabetes?

o Yes o No

Are you?

oType 1

o Type 2
o No Diabetes

If you check type 1 diabetes, please obtain the Physician's Authorization for Student Self-Management of Diabetes form from your Athletic Trainer of student nurse, have your physician fill it out and return it to your Athletic Trainer.

Please State Medication Used

SPECIAL MEDICAL INFORMATION FORM

Do you have any other Special Medical Conditions?

o Yes o No

Please state the Special Medical Condition.

Do you take or need any other Prescription Medications on daily Basis or for immediate care?

o Yes o No

Please state Medication and/or need of use.

Student Name (Print)

Student Signature Date

Parent/Guardian Name (Print)

Parent/Guardian Signature Date
