

2019-2020

SMI

**SPECIAL MEDICAL INFORMATION FORM**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Student ID \_\_\_\_\_

**Do you have any allergies?**

Yes  No

**Does this Allergy require an Epi-Pen?**

Yes  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

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**Do you have Asthma?**

Yes  No

**Does your Asthma require an inhaler?**

Yes  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

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**Do you have Diabetes?**

Yes  No

**Are you?**

Type 1

Type 2

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 or student nurse, have your physician fill it out and return it to your Athletic Trainer.

Please State Medication Used

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**Do you have any other Special Medical Conditions?**

Yes  No

Please state the Special Medical Condition.

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

Yes  No

Please state Medication and/or need of use.

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Student Name (Print)

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Student Signature

Date

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

Date

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