Central Dauphin School District
Certain Medical Conditions Medication Form

Student Name: _____School Enrolled: _____

DOB: _____ Participating in sports at: (Circle): CDEHS / CDHS / CDEMS-SMS / CDMS-LMS

Grade level at time sport season begins: (Circle) 7 8 9 10 11 12 Sport(s):_____

Central Dauphin School District requires that any student-athlete diagnosed with a medical condition such as asthma, reactive airway disease, diabetes, or severe allergic reactions requiring use of an epi-pen must have that medication present at all practices and events. Yearly, parent(s)/guardian(s) must fill out the Certain Medical Conditions Medical Form and return it prior to the student-athlete participation. The medication must be labeled clearly with the student-athlete name and kept in a specific location each practice and event as designated by the team physician, athletic trainer, athletic director, or coach. Any student-athlete found without their medication can be removed from the practice/event and not allowed to participate until medication is produced and placed in a specific location. Forms will be shared between athletic trainers and school nurses.

Condition(s):

____ Asthma (either controlled or exercise-induced) or Reactive Airway Disease
____ Severe Allergic Reaction requiring use of an Epi-Pen
____ Diabetes

Name of medication(s): _____

_____

2025-2026

Dosage(s)/route of administration/dose time(s): _____

_____

YES NO I have verified the student-athlete has been instructed on how to self-administer medication(s).

YES NO Student-athlete has my permission to carry and self-administer above mentioned medication(s).

Physician Signature: _____Date: _____

YES NO I understand that my student-athlete has been instructed on how to self-administer medication(s).

YES NO Student-athlete has my permission to carry and self-administer above mentioned medication(s).

Parent Signature: _____Date: _____

Revised: March 2025