

# AUSTIN CHAMPIONS

## CHRISTIAN HOMESCHOOL ATHLETICS

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### Medication and Emergency Care Form

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Please indicate which medications may be given to your child as needed for minor complaints.

<input type="checkbox"/>	<i>Children's chewable Tylenol*</i>	<input type="checkbox"/>	<i>Chewable Antacid</i>	<input type="checkbox"/>	<i>Cough Drops</i>
<input type="checkbox"/>	<i>Junior Chewable Tylenol*</i>	<input type="checkbox"/>	<i>Advil/Motrin Tablets**</i>	<input type="checkbox"/>	<i>Topical Anti-itch Cream</i>
<input type="checkbox"/>	<i>Adult Tylenol*</i>	<input type="checkbox"/>	<i>Benadryl Liquid*</i>	<input type="checkbox"/>	<i>Topical antibiotic Ointment</i>

*\*generic may be substituted for name brand    \*\* only administered to students 12 years and older.*

*We do not dispense aspirin products. Medication is dispensed according to package directions.*

Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

Food, Drug or other Allergies \_\_\_\_\_

\_\_\_\_\_

Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Daily Prescriptions or Medications \_\_\_\_\_

\_\_\_\_\_

List any health conditions \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Best Contact Number \_\_\_\_\_

*Please attach a copy of insurance card.*

