ATHLETE MEDICAL – RELEASE FORM

For questions please call: (502)695-8222 / (800)633-7403



			PLEASE FILL O				
			ATHLETE INF				
First/Given Name: Address:			Middle Name:		Last/Family Name: Suffix: (Jr.	III etc.)	
City:			State:	Zip:	County:	, m, ecc.)	
Gender: 🗆 Male	e 🗆 Female		Birthdate (mm/dd/y	y): / /	Wheelchai		🗆 Yes 🗆 No
Home Phone: E-mail Address:			Cell Phone:		Work Pho	ne:	
Name of Parent of	Guardian:				Phone: ()	
Address:				City/State/Z			
Has this individua	l participated in S	Special Olympics v	vithin the past 5 yea EMERGENCY IN		🗆 Yes	□ No	
Emergency Contac	ct:		EMERGENCT	Emergency	Phone:		
		HEALTH	I AND ACCIDENT IN				
Company Name:				Policy #:			
			ANTO-AXIAL INST				
			l Olympics requires a fu ir nature, may result in				
sports and events for	r which such a radiolo	gical examination is r	equired are: equestriar				
swimming, high jump	o, alpine skiing, snowb *THIS		d soccer. QUIRED ONLY ONCE	UNLESS MEDICALL	Y INDICATED OTHERW	VISE.	
□ Yes □ No □ Yes □ No			instability been done? tability? (positive indica	too that the atlanta	long interval in Emm or	mara	
	n yes, was it positiv					more)	
			PHYSICAL EX	AMINATION			
Temperature:		Pulse:		sure:/	Weight:		Height:
☐ Vision ☐ He	ES IF ANY OF THE SYMP earing Oral Cavity	Neck [Extremities	Cardiovascular system	🔲 Respiratory sy	stem	🔲 Gastrointestinal system
Genitourinary system		Cranial nerves		Coordination	Reflexes		
Other:			Primary	MR Etiology/Category (i	f known):		
			bove health inform			e examinatio	n on this athlete
-		ify that the athlet	e can participate in	n Special Olympic	S.		
RESTRICTIONS							
							ate: / /
Physician/PA/ARN Address:	P Name (Please Print):	•	City/State/Zig	D:		Phone: ()
			i's, PA's, or ARNP's				
		AVEATHISICIAN	5, 1 A 5, 01 ARR 5	Signation 2 of 1			
HE	ALTH HISTORY: T	O BE COMPLETED B	Y PHYSCIIAN/PA/ARN	NP/PARENT/CARGIN	ER or ADULT ATHLE	TE 18 YEARS OR	OLDER
Specific diagnosis	if known:						
		Y	ES NO	12 6			YES NO
 Heart Disease/ł Seizures/Epilep 	Heart Defect/High Blo psy/Fainting Spells	ood Pressure 1		13 500			13
3. Down Syndrom		2.		14. Tob	cial Diet acco Use		
		2		14. Tob	acco Use		14
 Diabetes Concussion or s 	serious illness	2		14. Tob	acco Use	avioral problems	14
 Diabetes Concussion or s Major surgery c 	ie	2		14. Tob	acco Use	avioral problem	14
 Diabetes Concussion or s Major surgery c Chest Pain Asthma 	serious illness	2		14. Tob	acco Use	avioral problem Aid/Hearing Los	14
 Diabetes Concussion or s Major surgery c Chest Pain 	e serious illness or serious illness	2		14. Tob	acco Use	avioral problems	14
 Diabetes Concussion or s Major surgery of Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl 	e serious illness or serious illness Hearing Loss haustion	2		14. Tob	acco Use	avioral problem Aid/Hearing Los	14
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine 	erious illness for serious illness Hearing Loss haustion scific)	3 4 5 7 8 9 10 11 12		14. Tob	acco Use	avioral problems Aid/Hearing Los up-to-date ///	14
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	e Hearing Loss haustion ccific)	3 4 5 6 7 8 9 10 11 12		14. Tob	acco Use	avioral problems Aid/Hearing Los up-to-date //	14
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	erious illness for serious illness Hearing Loss haustion scific)	3 4 5 6 7 8 9 10 11 12		14. Tob	acco Use	avioral problems Aid/Hearing Los up-to-date //	14
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	e Hearing Loss haustion ecific) Bites	3 4 5 6 7 8 9 10 11 12 ation name, amou	nt date prescribed	14. Tob 15. Eas 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Im 24. Da and number of tin	acco Use y bleeding otional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica	tion is given.	14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine Foods Insect Stings/ General 	e Hearing Loss haustion ccific) Bites	3 4 5 6 7 8 9 10 11 12		14. Tob 15. Easy 16. Emo 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Imr 24. Da	acco Use / bleeding tional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing stact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot		14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	e Hearing Loss haustion ecific) Bites	3 4 5 6 7 8 9 10 11 12 ation name, amou	nt date prescribed	14. Tob 15. Eas 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Im 24. Da and number of tin	acco Use y bleeding otional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica	tion is given.	14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	e Hearing Loss haustion ecific) Bites	3 4 5 6 7 8 9 10 11 12 ation name, amou	nt date prescribed	14. Tob 15. Eas 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Im 24. Da and number of tin	acco Use y bleeding otional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica	tion is given.	14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	e Hearing Loss haustion ecific) Bites	3 4 5 6 7 8 9 10 11 11 12 ation name, amou Date Prescribed	nt date prescribed	14. Tob 15. Easy 16. Emo 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Im 24. Da and number of tim Medication Name	acco Use / bleeding tional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing Itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage	tion is given.	14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exil Allergy (list spe Medicine Foods Insect Stings/ General MEDICATIONS: P Medication Name 	e Hearing Loss haustion cific) Bites Bites	3 4 5 6 7 8 9 10 11 11 12 ation name, amou Date Prescribed	nt date prescribed	14. Tob 15. Easy 16. Emo 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Im 24. Da	acco Use / bleeding tional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing Itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage LASE	tion is given. Date Prescribed	14.
 4. Diabetes 5. Concussion or s 6. Major surgery of 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exil 12. Allergy (list specified on the stroke/exil 12. Allergy (list specified on the stroke/exil 13. Allergy (list specified on the stroke/exil 14. Heat stroke/exil 15. Allergy (list specified on the stroke/exil 16. Medication Name 17. Medication Name 17. Medication Name 	e Hearing Loss haustion cific) Bites Deservert medice Deservert	3 4 5 6 7 8 9 10 11 11 12 ation name, amou Date Prescribed SPECIAL (BY PARENT/GUA	nt date prescribed	14. Tob 15. Eas 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ATHLETE OR ADU	acco Use y bleeding bitonal/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA	tion is given. Date Prescribed	14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exil Allergy (list spe Medicine Foods Insect Stings/ General MEDICATIONS: P Medication Name 	e Hearing Loss haustion cific) Bites Descompleted Descompleted or at least 18 years old an	3 4 5 6 7 8 9 10 11 11 12 ation name, amou Date Prescribed SPECIAL (BY PARENT/GUA	nt date prescribed	14. Tob 15. Eas 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ATHLETE OR ADU	acco Use y bleeding bitonal/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA	tion is given. Date Prescribed	14.
 4. Diabetes 5. Concussion or s 6. Major surgery c 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exl 12. Allergy (list spe Medicine	e Hearing Loss haustion cific) Bites DBE COMPLETED or at least 18 years old an npics activities. warrant that to the best of	3	nt date prescribed	14. Tob 15. Easy 16. Emo 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Imn 24. Da and number of tim Medication Name CKY OFFICIAL REI ATHLETE OR ADU application for participatio s physically and mentally	acco Use y bleeding btional/psychiatric/beh le cor Joint problem le cell trait or disease ring Impaired/Hearing ttact lenses/Eyeglasses patitis n-Verbal munizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia	Lion is given. Date Prescriber ARS OR OLDE	14.
	e Hearing Loss haustion cific) Bites DBE COMPLETED or at least 18 years old an npics activities. varrant that to the best of the health information sel understand that if the abo	3	nt date prescribed Times per day OLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is lication, and has certified ba n Syndrome, he/she cannot pleted the official "Special	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ATHLETE OR ADU application for participation application for p	acco Use y bleeding bitional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing stact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia dedical examination that ther rents, which, by their nature Atlanto-Axial Instability," a	ARS OR OLDE ission has been give al Olympics. With r re is no medical evice , result in hyper-ex vallable from the S	14.
 4. Diabetes 5. Concussion or s 6. Major surgery of 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exl 12. Allergy (list spe Medicine	e Hearing Loss haustion cific) Bites DBE COMPLETED or at least 18 years old an npics activities. varrant that to the best of the health information set understand that if the abo upper spine, unless I and that a full radiologica		nt date prescribed Times per day DLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is ilication, and has certified ba n Syndrome, he/she cannot paleted the official "Special paleted the official "Special paleted the official "Special	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL RELE ATHLETE OR ADU CKY OFFICIAL RELE ATHLETE OR ADU application for participation s physically and mentally participate in sports or er Release for Athletes with to-axial Instability. I ar	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medicat Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia redical examination that ther rents, which, by their nature Atlanto-Axial Instability," a naware that if I choose not	tion is given. Date Prescribed Date Prescribed ARS OR OLDE ission has been give e is no medical evic e, result in hyper-ex vailable from the S to complete the "S	14.
	e Hearing Loss haustion cific) Bites Descompleted Bites Descompleted Bites Descompleted Descompleted Bites Descompleted Bites Descompleted Bites Descompleted Bites Bite	3		14. Tob 15. Easy 16. Emo 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REIL ATHLETE OR ADU application for participation sphysically and mentally used on an independent m participate in sports or er Release for Athletes with to-axial Instability. I ar ed person must have the pording, squat lift and soon	acco Use y bleeding btional/psychiatric/beh le cor Joint problem le cell trait or disease ring Impaired/Hearing ttact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage LTATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia tedical examination that ther ents, which, by their nature Atlanto-Axial Instability," a n aware that if I choose not a ware that if I choose not a trace.	tion is given. Date Prescribed Date Prescribed ARS OR OLDE ission has been give al Olympics. With r e is no medical evic so medical evic r os mit in hyper-ex vailable from the S to complete the "S before he/she can p	14.
	e Hearing Loss haustion cific) Bites DBE COMPLETED or at least 18 years old an npics activities. varrant that to the best of the health information sel understand that if the abo press and a full radiologic form which establishes th thon, butterfly stroke, divi sted person to participate,	3	nt date prescribed Times per day OLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is litation, and has certified ba n Syndrome, he/she cannot pleted the official "Special ablishes the absence of Attar h Jump, alpine skiing, snowb my permission, forever, to Sp	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ArthLETE OR ADU application for participation sphysically and mentally used on an independent m participate in sports or e release for Athletes with nto-axial Instability. I ar ed person must have the hoording, squat lift and soc pecial Olympics to use the	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing ttact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia ledical examination that the rents, which, by their nature attanto-Axial Instability," a n aware that if I choose not te radiological examination t tcer.	tion is given. Date Prescribed Date Prescribed ARS OR OLDE dission has been give al Olympics. With r e is no medical evic , result in hyper-ex valiable from the S to complete the "S before he/she can p ice and words in tele	14.
	Hearing Loss haustion section serious illness or serious illness or serious illness haustion sectific) Bites	3		14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. He 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ATHLETE OR ADU Application for participation application for pa	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YE/ n in Special Olympics. Perm able to participate in Specia decical examination tat ther verts, which, by their nature Atlanto-Axial Instability," a n aware that if 1 choose not a radiological examination taken cer.	tion is given. Date Prescribed Date Prescribed ARS OR OLDE ission has been give al Olympics. With r e is no medical evic e, result in hyper-ex- vailable from the S to complete the "S pefore he/she can p ice and words in tele applying for funds to	14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exil Allergy (list spee Medicine Foods Insect Stings/ General MEDICATIONS: P Medication Name Insect strings/ General To Terresure on the neck or jurisdiction, or the Athlete' Atlanto-Axial Instability" 1 In permitting the above lis magazines and other mediactivities. By signing below, I am als needs in the areas of: visi 	Hearing Loss for serious illness for serious for the series for the fealth information set understand that if the abo upper spine, unless I and a full radiologica form which establishes the thilon, butterfly stroke, divisted person to participate, ia, and in any form, for the set of the health information set understand that if the above list for the set of participate, ia, and in any form, for the set opermitting the above list for permitting the above list for permitting the above list for the set of the form the set of the set.	3		14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL And Antipical States of the set State of the set of the	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses poalitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia decical examination that their rents, which, by their nature attanto-Axial Instability," an aware that if I choose not a radiological examination to recr. Athlete's likeness, name, vo of Special Olympics and/or a	tion is given. Date Prescribed Date Prescribed ARS OR OLDE ission has been give al Olympics. With r e is no medical evic , result in hyper-ex vailable from the S to complete the "S pefore he/she can p ice and words in tele applying for funds to ag assessments of he that information gat	14.
	The serious illness or serious illness or serious illness or serious illness haustion ecific) Bites		nt date prescribed Times per day DLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is ilication, and has certified ba n Syndrome, he/she cannot pleted the official "Special ablishes the absence of Attar h Imstability, the above listed h Jump, alpine skiing, snowb my permission, forever, to Sp omoting or communicating the the Special Olympics Health lety of health promotion area to assess and communicates Proc to assess and communicates Proc	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ArthLETE OR ADU application for participation sphysically and mentally used on an independent m participate in sports or e red person must have the hoording, squat lift and soc bording squat lift and soc b	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia leidical examination that the rents, which, by their nature attanto-Axial Instability," a n aware that if I choose not a eradiological examination to cter. Athlete's likeness, name, vo of Special Olympics and/or a n provides individual screenir tection, etc.). I understand of athletes and to develop pr	tion is given. Date Prescriber Date Prescriber ARS OR OLDE ission has been give is no medical evic , result in hyper-ex vailable from the S to complete the "S before he/she can p ice and words in tele applying for funds to g assessments of he that information gat ograms to address t	14.
 Diabetes Concussion or s Major surgery c Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	Hearing Loss haustion estimation estimat		nt date prescribed Times per day DLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is ilication, and has certified ba n Syndrome, he/she cannot pleted the official "Special ablishes the absence of Attar h Imstability, the above listed h Jump, alpine skiing, snowb my permission, forever, to Sp omoting or communicating the the Special Olympics Health lety of health promotion area to assess and communicates Proc to assess and communicates Proc	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hei 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ATHLETE OR ADU Supplication for participation application for participation special Olympics to use the he purposes and activities by Athletes Program, which so (height, weight, sun pro- the overall health needs gram and that I may decir bon sould seek his/her on	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia leidical examination that the rents, which, by their nature attanto-Axial Instability," a n aware that if I choose not a eradiological examination to cter. Athlete's likeness, name, vo of Special Olympics and/or a n provides individual screenir tection, etc.). I understand of athletes and to develop pr	tion is given. Date Prescriber Date Prescriber ARS OR OLDE ission has been give is no medical evic , result in hyper-ex vailable from the S to complete the "S before he/she can p ice and words in tele applying for funds to g assessments of he that information gat ograms to address t	14.
	The serious illness or serious illness or serious illness or serious illness haustion ecific) Bites			14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ArhLETE OR ADU application for participation application for based the participate application for participation application for based the participate application for participation application for participation application for based the participate application for participation application for particip	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia decical examination tat ther rents, which, by their nature Atlanto-Axial Instability," a Atlate's likeness, name, vo of Special Olympics and/or a provides individual screenir tection, etc.). I understand of athletes and to develop pr le that the Athlete will not pi vn medical advice and assist	tion is given. Date Prescribed Date Prescribed ARS OR OLDE ission has been give al Olympics. With r e is no medical evic , result in hyper-ex vailable from the S to complete the "S pefore he/she can p ice and words in tele applying for funds to ag assessments of he that information gat ograms to address t ance irrespective of i	14.
 Diabetes Concussion or s Major surgery C Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	Hearing Loss haustion section serious illness or serious illness or serious illness haustion sectific) Bites	3	Times per day Times p	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Heg 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ATHLETE OR ADU CKY OFFICIAL REL ATHLETE OR ADU ATHLETE OR ADU A	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia decical examination that ther yents, which, by their nature Atlanto-Axial Instability," a naware that if 1 choose not e radiological examination to cer. Athlete's likeness, name, vo of Special Olympics and/or i provides individual screenin tection, etc.). I understand of athletes and to develop pr le that the Athlete will not py yon medical advice and assist ay differ. I understand thal	tion is given. Date Prescribed Date Prescribed ARS OR OLDE ission has been give is no medical evic e, result in hyper-ex valiable from the S refore he/she can p ice and words in tele applying for funds to gassessments of he that information gat ograms to address t ance irrespective of i I should contact Sp	14.
 Diabetes Concussion or s Major surgery C Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	Hearing Loss haustion estimates for serious illness or serious illness or serious illness haustion estimates for serious illness haustion estimates for serious illness haustion estimates for serious and the series of the series of the health information set understand that if the abourger spine, unless I and nanger spine, unless I and in any form, for the set of series and in any form, for the set of the health information set understand that if the abourger spine, unless I and in any form, for the set of set of set of set of set of set of the health information set understand that if the abourger spine, unless I and in any form, for the set of set of set of set of set of the negative the provision of the above list is set person to participate, i, ia, and in any form, for the above list on; oral health; hearing; pig process may be used in in, there is no obligation for field as a substitute for recthrough the provision of the al Olympics events may in y questions about housing hould arise during the Abenda full regions about housing the Abourge fully the provision of the al Olympics events may in y questions about housing the Abourge fully fully the set of the set of the set of the provision of the abourge the provision of the al Olympics events may in y questions about housing the Abourge fully fully fully for the set of the set of the set of the set of the provision of the set of the provision of the provision of the provision of the set of the set of the provision of the set of the provision of the prov			14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hei 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL Anther State of the second Medication Name CKY OFFICIAL REL Anther State of the second sphysically and mentally application for participation sphysically and mentally application for participation sphysically and mentally application for participation sphysically and mentally sphysically and mentally participate in sports or effective sphysically and mentally sphysically and mentally sphysical	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medicat Dosage Dosage EASE LT ATHLETE 18 YE/ n in Special Olympics. Perm able to participate in Specia edical examination that ther verts, which, by their nature Athlete's likeness, name, vo of Special Olympics and/or a ware that if 1 choose not a radiological examination that cer. Athlete's likeness, name, vo of Special Olympics and/or n provides individual screenir provides individual screenir provides individual screenir athlete's likeness, name, vo of special Olympics and/or provides individual screenir athlete's likeness, name, vo adding advice and assist ay differ. I understand that personally present so as to d with any emergency medi	tion is given. Date Prescribed Date Prescribed ARS OR OLDE Date Prescribed ARS OR OLDE Date Provide the State State of the State State of the State State of the State Provide the State State of the State of the State State of the State of the State State of the State of the State of the State State of the State of the State of the State State of the State of the Stat	14.
 Diabetes Concussion ors Major surgery C Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exl Allergy (list spe Medicine	The serious illness or serious illness or serious illness or serious illness or serious illness haustion ecific) Bites			14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL ATHLETE OR ADU Application for participation application for p	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing itact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medicat Dosage Dosage EASE LT ATHLETE 18 YE/ n in Special Olympics. Perm able to participate in Specia edical examination that ther verts, which, by their nature Athlete's likeness, name, vo of Special Olympics and/or a ware that if 1 choose not a radiological examination that cer. Athlete's likeness, name, vo of Special Olympics and/or n provides individual screenir provides individual screenir provides individual screenir athlete's likeness, name, vo of special Olympics and/or provides individual screenir athlete's likeness, name, vo adding advice and assist ay differ. I understand that personally present so as to d with any emergency medi	tion is given. Date Prescribed Date Prescribed ARS OR OLDE Date Prescribed ARS OR OLDE Date Provide the State State of the State State of the State State of the State Provide the State State of the State of the State State of the State of the State State of the State of the State of the State State of the State of the State of the State State of the State of the Stat	14. 15. 16. 17. 18. 20. 21. 22. 23. 24. 25. 24. 25. 24. 25. 26. 27. 28. 29. 21. 22. 23. 24. 25. 26. 27. 28. 29. 21. 22. 23. 24. 25. 26. 27. 28. 29. 21. 22. 23. 24. 25. 26. 27. 28. 29. 24. 29. 29. 29. 29. 29. 29. 2
 Diabetes Concussion or s Major surgery C Chest Pain Asthma Blindness Deaf/Complete Heat stroke/exil Allergy (list spe Medicine	The serious illness or serious illness or serious illness or serious illness or serious illness haustion ecific) Bites			14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hej 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication for participation application for participation sphysically and mentally used on an independent m participate in sports or e participate in sports or e de person must have the hoording, squat lift and soc borcial Olympics to use the he purposes and activities by Athletes Program, which is (height, weight, sun pro- the overall health needs the overall health needs is (height, weight, sun pro- the overall health needs is (height, weight, sun pro- the overall health needs is (height, weight, sun pro- the overall health needs at a time when I am not that the Athlete is provide LIGIOUS OBJECTIONS AL TREATMENT FORM) uardian. I have read and	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing ttact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perr able to participate in Specia dedical examination that there rents, which, by their nature Atlanto-Axia Instability," a n aware that if I choose not a eradiological examination to cer. Athlete's likeness, name, vo of Special Olympics and/or a n provides individual screenir tection, etc.). I understand of athletes and to develop pr wn medical advice and assist ay differ. I understand that personally present so as to do with any emergency medi TO RECEIVING SUCH ME	Lion is given. Date Prescriber Date Prescriber ARS OR OLDE ission has been give ission has been give is no medical evic , result in hyper-ex valiable from the S to complete the "S before he/she can p ice and words in tele applying for funds to gassessments of he that information gat ograms to address t it is hould contact Sp be consulted regarc cal treatment, inclu DICAL TREATMEN ons of the above re	14.
 4. Diabetes 5. Concussion or s 6. Major surgery C 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exil 12. Allergy (list spe Medicine	The serious illness or serious illness or serious illness or serious illness or serious illness haustion ecific) Bites	3 4 5 6 7 8 9 10 11 12 ation name, amou Date Prescribed Date Prescribed SPECIAL 0 SPECIA	Times per day Times pe	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imn 24. Da and number of tim Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication for participation application for partic	acco Use y bleeding bitonal/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage 	Lion is given. Date Prescriber Date Prescriber ARS OR OLDE ission has been give ission has been give is no medical evic , result in hyper-ex valiable from the S to complete the "S before he/she can p ice and words in tele applying for funds to gassessments of he that information gat ograms to address t it is hould contact Sp be consulted regarc cal treatment, inclu DICAL TREATMEN ons of the above re	14.
 4. Diabetes 5. Concussion or s 6. Major surgery C 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exil 12. Allergy (list spe Medicine	The serious illness or serious illness or serious illness or serious illness or serious illness haustion ecific) Bites	3 4 5 6 7 8 9 10 11 12 ation name, amou Date Prescribed Date Prescribed SPECIAL 0 SPECIA		14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imn 24. Da and number of tim Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication for participation application for partic	acco Use y bleeding bitonal/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage Dosage 	Lion is given. Date Prescriber Date Prescriber ARS OR OLDE ission has been give ission has been give is no medical evic , result in hyper-ex valiable from the S to complete the "S before he/she can p ice and words in tele applying for funds to gassessments of he that information gat ograms to address t it is hould contact Sp be consulted regarc cal treatment, inclu DICAL TREATMEN ons of the above re	14.
 4. Diabetes 5. Concussion or s 6. Major surgery C 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exil 12. Allergy (list spe Medicine	The serious illness or serious illness or serious illness or serious illness or serious illness haustion ecific) Bites	3	Int date prescribed Times per day Times per day Times per day DLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is lication, and has certified ba n Syndrome, he/she cannot pleted the official "Special bilishes the absence of Atlat i Instability, the above liste h jump, alpine skiing, snowb my permission, forever, to Sp omoting or communicating th the Special Olympics Health lety of health promotion area i to assess and communicate i to assess and communicate i the Health yAthletes Prog ind that the above listed pers g itself responsible for Athlete and that the housing policy. Special Olympics activities, i es are necessary to ensure t being. (IF YOU HAVE RE DIVANS REGARDING MEDIC/ SPecial Olympics games, recreation	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication for participation application for participat	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing ttact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia dedical examination that the rents, which, by their nature Atlanto-Axial Instability." a n aware that if I choose not be radiological examination the ter. Athlete's likeness, name, vo of Special Olympics and/or a n provides individual screenir tection, etc.). I understand of athletes and to develop pr wn medical advice and assist ay differ. I understand that personally present so as to d with any emergency medi TO RECEIVING SUCH ME fully understand the provis behalf and on the behalf of ta activity programs.	Lion is given. Date Prescriber ARS OR OLDE dission has been give al Olympics. With r e is no medical evic , result in hyper-ex- valiable from the S to complete the "S before he/she can p ice and words in tele applying for funds to ruticipate. Lunderst ance irrespective of funders ance irrespective of funders ance irrespective of funders be consulted regare cal treatment, inclue DICAL TREATMEN ons of the above re he Athlete named al	14.
4. Diabetes 5. Concussion ors 6. Major surgery C 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exil 12. Allergy (list spe Medicine	The serious illness or serious illness or serious illness or serious illness or serious illness haustion ecific) Bites		nt date prescribed Times per day DLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is lication, and has certified ba n Syndrome, he/she cannot pleted the official "Special bilistes the absence of Atlar h Jump, alpine skiing, snowb my permission, forever, to Sp omoting or communicating th the Special Olympics Healthy iety of health promotion area it to assess and communicate in the Healthy Athletes Pro- monting or communicating the the Special Olympics Healthy iety of health promotion area it to assess and communicate in the Healthy Athletes Pro- monting or communicating the the Special Olympics seativities, is es are necessary to ensure the ISPECIAL OLYMPICS activities, is es are necessary to ensure the ISPECIAL OLYMPICS activities, is es are necessary to ensure the ISPECIAL OLYMPICS activities, is are and that the housing arrang is cevent or the housing policy. Special Olympics activities, is are and that the above listed perso and that the above listed perso is all olympics activities, is are an eccessary to ensure the ISPECIAL OLYMPICS activities, is are and that the above listed perso is all olympics activities, is are an agreeing to the above cial Olympics games, recreation area and an and the above listed person area and an advector activities, is area agreeing to the above cial Olympics games, recreation area and an advector activities and activities and activities activit	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL ArthLETE OR ADU application for participation application for participation applicat	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia dedical examination that there rents, which, by their nature Atlanto-Axial Instability," a n aware that if I choose not a radiological examination to ter. Athlete's likeness, name, vo of Special Olympics and/or a n provides individual screenir tetction, etc.). I understand of athletes and to develop pr vn medical advice and assist ay differ. I understand that personally present so as to d with any emergency medi TO RECEIVING SUCH ME I fully understand the provis behalf and on the behalf of t al activity programs.	Lion is given. Date Prescriber ARS OR OLDE ission has been give al Olympics. With r e is no medical evic , result in hyper-ex valiable from the S to complete the "S before he/she can p ice and words in tele applying for funds to garams to address t that information gat ograms to address t is I should contact Sp be consulted regarc cal treatment, inclu DICAL TREATMEN ons of the above re he Athlete named al	14.
4. Diabetes 5. Concussion ors 6. Major surgery C 7. Chest Pain 8. Asthma 9. Blindness 10. Deaf/Complete 11. Heat stroke/exil 12. Allergy (list spe Medicine	The serious illness or serious illness or serious illness or serious illness or serious illness haustion ecific) Bites		nt date prescribed Times per day DLYMPICS KENTUC RDIAN OF MINOR A ave submitted the attached a f, the above listed person is lication, and has certified ba n Syndrome, he/she cannot pleted the official "Special bilistes the absence of Atlar h Jump, alpine skiing, snowb my permission, forever, to Sp omoting or communicating th the Special Olympics Healthy iety of health promotion area it to assess and communicate in the Healthy Athletes Pro- monting or communicating the the Special Olympics Healthy iety of health promotion area it to assess and communicate in the Healthy Athletes Pro- monting or communicating the the Special Olympics seativities, is es are necessary to ensure the ISPECIAL OLYMPICS activities, is es are necessary to ensure the ISPECIAL OLYMPICS activities, is es are necessary to ensure the ISPECIAL OLYMPICS activities, is are and that the housing arrang is cevent or the housing policy. Special Olympics activities, is are and that the above listed perso and that the above listed perso is all olympics activities, is are an eccessary to ensure the ISPECIAL OLYMPICS activities, is are and that the above listed perso is all olympics activities, is are an agreeing to the above cial Olympics games, recreation area and an and the above listed person area and an advector activities, is area agreeing to the above cial Olympics games, recreation area and an advector activities and activities and activities activit	14. Tob 15. Easy 16. Emd 17. Bor 18. Sick 19. Hea 20. Cor 21. Hey 22. No 23. Imr 24. Da and number of tim Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL Medication Name CKY OFFICIAL REL ArthLETE OR ADU application for participation application for participation applicat	acco Use y bleeding btional/psychiatric/beh le or Joint problem le cell trait or disease ring Impaired/Hearing tact lenses/Eyeglasses patitis n-Verbal nunizations (shots) are te of last Tetanus Shot mes per day medica Dosage EASE LT ATHLETE 18 YEA n in Special Olympics. Perm able to participate in Specia dedical examination that there rents, which, by their nature Atlanto-Axial Instability," a n aware that if I choose not a radiological examination to ter. Athlete's likeness, name, vo of Special Olympics and/or a n provides individual screenir tetction, etc.). I understand of athletes and to develop pr vn medical advice and assist ay differ. I understand that personally present so as to d with any emergency medi TO RECEIVING SUCH ME I fully understand the provis behalf and on the behalf of t al activity programs.	Lion is given. Date Prescriber ARS OR OLDE ission has been give al Olympics. With r e is no medical evic , result in hyper-ex valiable from the S to complete the "S before he/she can p ice and words in tele applying for funds to garams to address t that information gat ograms to address t is I should contact Sp be consulted regarc cal treatment, inclu DICAL TREATMEN ons of the above re he Athlete named al	14.

Mail original white copy of form to: Athlete Medical, Special Olympics Kentucky, 105 Lakeview Court, Frankfort, KY 40601-8749 If time sensitive please Fax to: (502)695-0496 Download Free Templates give Official Coach the Vellow Copy of this form