

Name _____ Sport _____ Date _____

Please answer the following questions as appropriate:

IF YOU HAVE ASTHMA

When was the last time you used your inhaler? _____

How often do you use an inhaler? _____

You will be REQUIRED to bring your inhaler to all practices, conditioning sessions and competitions, and you must provide the Sports Medicine staff with an EXTRA inhaler to keep in case of emergency.

IF YOU HAVE ALLERGIES to MEDICATIONS or SEASONAL ALLERGIES

List all that you are allergic to _____

List medications you use for maintenance/prevention _____

List medications you use during an allergic reaction _____

Do you carry emergency medications with you at all times? _____

IF YOU NOW HAVE or HAVE HAD DIABETES, ANEMIA, INFECTIOUS MONONUCLEOSIS, or ANY OTHER CHRONIC CONDITION :

When were you diagnosed? _____ (year) _____ (your age at the time)

Please describe in detail the daily regimen you follow with regards to medication, diet, exercise

Please provide any other pertinent information that would help us support your health while participating in sports at Daytona State College.

Please check if none of the above apply to you.

_____ Student-Athlete Signature

_____ Parent/Guardian printed name

_____ Parent/Guardian signature