

**Special Olympics Georgia  
2018 Inspire Youth Forum**

**YOUTH FORUM MEDICAL SUPPLEMENTAL INFORMATION FORM**

Youth's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

***You must have this form completed when you arrive.  
Please bring all medications in the original prescription bottles and in a Ziploc bag.***

**Current Prescribed and Over the Counter Medications:**  
*(Continue medications on the back of this form if necessary)*

Medication Name	Changes - only (please check)	Dosage	Frequency	Date Prescribed (if applicable)	Prescribed for What Condition?	Doctor Name and Telephone Phone Number

- Are any of these medications new within the last 6 months? If yes, which one(s)? \_\_\_\_\_
- Do you have a history of seizures or epilepsy? If so, what types, frequency, date of last seizure and potential triggers? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any allergies to medications or insects? Please be specific : \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_