

Franklin County



www.sopafranklin.org

Special Olympics
Pennsylvania

Travel Information Form

This is **NOT** a replacement for your 3-year Athlete/Unified Partner Application form. If you've had significant changes to your medical condition from what is provided on your current 3-year form, you must provide a new MD/DO signed 3-year form.

Please **PRINT** all information. When completed and signed, please return to your Delegation appointee.

Athlete Information:

Name: _____ Sport Athlete is participating in for this event? _____

Emergency Contact Information Event Specific:

Name: _____ Relationship to Athlete _____

Phone number: _____ 2nd phone no. _____

Please list each specific medicine. ALL MEDICINES MUST BE CLEARLY LABELED WITH THE ATHLETE'S NAME, MEDICATION NAME AND DIRECTIONS FOR ADMINISTERING, AND GIVEN TO HIS/HER COACH.

Medication	dosage	Time or Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you/your Athlete/Unified Partner noted "seizures" on the latest 3-year SOPA Athlete/Unified Partner Application for Participation form, please provide information to help manage:

Other information you'd like to provide to assist your/your athlete's coach(es) (i.e., fears, behavioral issues, etc.):

Please initial if we can provide for your Athlete if needed: Ibuprofen _____, Aspirin _____, Tylenol _____, Advil _____
Adult Athlete **OR** Parent/Guardian Signature for Minors or Adults who cannot comprehend information requested.

Signature: _____

Date: _____

Printed Name of Person Signing this form and relationship: _____

Head of Delegation/Manager's Signature:

_____ (Date) ____/____/____