

# Académie Lafayette Sports Programs



**2016 - 2017**

## **Athlete Health Status - Quick Reference for Coaches**

It is important that coaches have knowledge of all relevant health issues of our participating athletes. All information provided will be kept strictly confidential.

Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ 1<sup>st</sup> Phone: \_\_\_\_\_

2<sup>nd</sup> Phone: \_\_\_\_\_

Please list any health issues your coaches need to be aware of (asthma, life-threatening allergies, diabetes....):

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Please list any medications your child will have on hand for practice/meets/games:

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Thank you for your cooperation.