

CAJCL Medical Information
LUDI OCTOBRES
October 26th, 2024
Miramonte High School, Orinda, CA

ALL DELEGATES: Please fill in and then print and sign.

Last Name _____ First Name _____ M.I. _____

Cell Phone (____) _____ - _____

Emergency Contact: Name _____ Relationship _____

Phone (____) _____ - _____

School/Chapter _____

Sponsor/Chaperone _____

Please check over-the-counter medications we may give your child

All ___ Tylenol ___ Advil ___ Tums ___ Pepto-Bismol ___ Imodium(anti-diarrhea) ___ Cough
suppressant ___ Sudafed(decongestant)___ Benadryl(anti-histamine) ___ Other

Allergies

Does the attendee carry an EpiPen? YES or NO

List any medications the attendee takes regularly.

List any dietary restrictions and/or food allergies.

Signature of Legal Parent or Guardian _____

Signature of Adult (graduated from HS Attending) _____

Date _____