

**CJCL Medical Information**  
**LUDI NOVEMBRES**  
**November 10, 2018**  
**St. Ignatius College Preparatory, San Francisco, 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 \_\_\_\_\_