

## MEDICATION NOTICE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEAM \_\_\_\_\_

SPECIAL MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

COMMENTS

**TO FACILITATE HOUSING OF PLAYERS, PLEASE SEND ALL MEDICATION NOTICES TO  
HOST SITE WITH PICTURES.**

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