



Athlete Level 2 Flagged Medical Information

This information will help coaches, teachers, volunteers and medical staff to understand and support an athlete's specific needs, covering medical, behavioral, communication, and sensory needs.

Athlete's Name	<i>First Name, Last Name</i>			
Sports Participating In	<i>List the sports</i>			
Delegation	<i>Delegation Name</i>			
Date Completed	<i>Month/day /year</i>			
<i>Athlete's who have a moderate to severe Level 2 flagged condition must fill out the medical condition section that was checked. Any further information that pertains to the athlete should also be filled out.</i>				
Medical Condition	Triggers	How do you Manage it?	Medication	Notes
Health/Medical Condition <i>(List condition and severity)</i>	<i>(Are there any specific triggers or warning signs)</i>	<i>(How to manage an incident during activities)</i>	<i>Where is the medication stored during training?</i> <i>Frequency taken?</i> <i>Directions to administer:</i>	
Health/Medical Condition <i>(List condition and severity)</i>	<i>(Are there any specific triggers or warning signs)</i>	<i>(How to manage an incident during activities)</i>	<i>Where is the medication stored during training?</i> <i>Frequency taken?</i> <i>Directions to administer:</i>	
Health/Medical Condition <i>(List condition and severity)</i>	<i>(Are there any specific triggers or warning signs)</i>	<i>(How to manage an incident during activities)</i>	<i>Where is the medication stored during training?</i> <i>Frequency taken?</i> <i>Directions to administer:</i>	
Mobility <i>(List severity)</i>	<i>(Areas of Difficulty: Uneven Surfaces)</i>	<i>(List devices/s used during training)</i>	<i>Type, location during training, etc.)</i>	<i>(Outline assistance required if any)</i>

Area	Triggers	Management	Medication	Notes
Vision (List type and severity)	(Areas of difficulty: new locations)	(Steps to support athlete)		(Outline assistance required if any)
Hearing (List type and severity)	(Areas of difficulty: noisy locations)	(Steps to support athlete)		(Outline assistance required if any)
Behavioral Health (List severity)	(Are there any specific triggers or warning signs)	(List steps required for behavior management)	Where is the medication stored during training? Frequency taken? Directions to administer:	(What behaviors are exhibited?)
Communication Method	(Verbal, Sign Language, etc.)	(Steps for effective communication)	(Type, location during training, etc.)	(Outline assistance required if any)
Sensory Sensitivities (List severity)	(Are there any specific triggers or warning signs)	(How to reduce or manage sensory overload) etc.)	Where is the medication stored during training? Frequency taken? Directions to administer:	(What reaction does athlete have?)
Mental Health (List condition and severity)	(Are there any specific triggers or warning signs)	(Management strategies for mental health concerns)	Where is the medication stored during training? Frequency taken? Directions to administer:	(What behaviors are exhibited?)
Other				