

**Colorado Junior Crew
MANAGEMENT PLAN FOR ATHLETES WITH SPECIAL
OR CHRONIC HEALTH PROBLEMS**

To be completed by parent/guardian:

Name: _____ Birthdate: _____

Does athlete wear a MedicAlert bracelet/necklace? No ____ Yes (#) _____

I understand the nature of the activities of Colorado Junior Crew and recognize the problems and dangers inherent in such activities. I believe that the above named athlete is able to participate safely in these activities.

Parent/Guardian Signature: _____ **Date:** _____

ACTION PLAN

Diagnosis: _____

The following are signs of a developing problem:

Steps to be taken:

These signs indicate the need for immediate emergency medical care (911):

If any medication is to be administered while an athlete is at crew, please attach the CJC Medication Form.

Please list any suggestions or modifications needed in this athlete's activities:

