



MCAS Miramar Youth Sports Inclusion Action Team

Date of Meeting:

Child Last Name	Child First Name	DOB	Sponsor Name
Email	<input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> DoD <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard		Enrolled with EFMP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone			
Diagnosis: EPIPEN Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the Child have <input type="checkbox"/> Asthma Action Plan <input type="checkbox"/> Seizure Action Plan <input type="checkbox"/> Allergy Action Plan <input type="checkbox"/> Meal Accommodation Plan			
Symptoms:			
Are any physical accommodations required for your child to play sports?			
Are there any situations that may trigger problems associated with your child's diagnosis (i.e. weather)? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe			
Treatment/Plan of Care:			
List Emergency Medications:			
Medication Policy: Was the medication policy reviewed with the parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dietary Accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Food Labels/ingredients: Is your child able to eat products that read "may contain <i>specific allergen</i> he/she is allergic to?" <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child able to eat products that read "processed in a facility that contains the <i>specific allergen</i> he/she is allergic to?" <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there any other information we need to know in order to provide the best care for your child?			
Summary: 1. The plan for this child has been reviewed and approved by the IAT Team to utilize Miramar Youth Sports only. 2. Parents will keep Miramar Youth Sports informed of any changes in their child's diagnosis and/or medication. 3. Parent must be on site with any needed medication at all times while the child plays sports (if applicable). 4. Medications (if applicable) must be current and not expired.			
Additional Comments:			
Youth Sports Director Signature:		Team Coach Signature:	
Parent Signature:		Date:	