

UPPER LOUDOUN YOUTH FOOTBALL LEAGUE
Care Plan for Asthma and Allergies

Dear Coach –

On your team, you may have some players with medical concerns (i.e. asthma or severe allergies) on your roster. This year, the league is asking you to take a few extra steps to insure the safety of these players.

The parents of kids with one of these conditions must fill out the attached form giving instructions and dosage for the inhalers, Epi-pens or other medications if needed.

In some cases, you may be required to carry an inhaler or epi-pen for your player. If this is the case, I will provide you with a red bag to place it in your coach's bag, along with the instructions from the parent/guardian. Always find out where the inhaler or Epi-Pen will be stored in case of an emergency.

Do not hesitate to call a league representative if you need assistance or have any questions.

If a player has a medical episode:

- Avoid drawing extra attention to the player.
- Stay calm and reassure the player.
- Don't leave the player unattended to get medicine or a prescribed inhaler/epipen.
- Follow directions for inhaler/epi-pen use. Never share an Epi-Pen.
- Call a Parent and a ULYFL Board Representative

CALL FOR EMERGENCY HELP IF:

- The player can't talk
- The inhaler doesn't provide relief
- The player's lips or fingernails look gray or blue.
- Always call 911 if an Epi-Pen has been administered.

Some of the most common allergies are Peanuts, Bee Stings, Tree Nuts, Milk, Eggs, Shellfish, Soy and Wheat. Since the majority of allergic reactions are food related, your team mom and other parents need to be aware of those players with such allergies in case cup cakes, cookies or other treats are planned to be given to your team.

2 copies of the attached form need to be completed, one for the coaches record and one to be returned to the league for league records. Thank you for your support and helping keep our players safe!

TEAM: _____

LAST NAME: _____

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Dear Parent or Guardian –

We need more information if your child has any medical concerns in case they need to be addressed .If your child has conditions the league and coaching staff should be aware of, please fill out this form. If your child has an inhaler or epi-pen, you may consider keeping an extra with your coach in case of an emergency. Attach you name and an emergency number with it.

Please complete this form and return it back to your coach as soon as possible.

List any Medical Condition(s) – (asthma, allergies, etc)

If medication is needed in case of an emergency, please list –

Name of Medications	Dosage of Medication
_____	_____
_____	_____

If an epi-pen or inhaler is necessary, where will this be kept? (check all that apply)

Player_____ Coach_____ Parent_____ Other_____

If your player has food allergies, what foods should they avoid (store bought cupcakes, cookies, etc) in case snack, parties, etc.

Other notes and/or comments: _____

Player's Name _____ ULYFL Team _____

Parent's Name(s) _____

EMERGENCY PHONE NUMBER _____

Signature of Parent _____

Signature gives permission for coach or Player Agent to administer the above medications and permission to contact physician or call 911 if necessary.