

INTERIM UPDATE FOR CENTRE COUNTY SPECIAL OLYMPICS*

NAME: _____

CURRENT MEDICAL COVERAGE: _____

CURRENT PHONE NUMBER: _____

CURRENT EMERGENCY PHONE CONTACT and NUMBER: _____

CURRENT MEDICATIONS: _____

ATHLETE'S E-MAIL _____

EMERGENCY CONTACT'S E-MAIL _____

*If update information doesn't check out against your SOPA medical form then scan and send it to my e-mail wrdennisdds@gmail.com or call me at 508-826-4418 in order to update the SOPA form. I will get you a new updated SOPA medical form as soon as possible.