

Permission to Give Medication Form



If an athlete is taking prescription or non-prescription medication during registered program hours this form must be completed. Every effort should be made by the parent/guardian to administer medication prior to or after program hours. If this is not possible then delegation personnel will administer medication according to the information provided by the parent/guardian on this form. The information provided on this form by the parent/guardian shall match the directions on the original container.

Delegation personnel will only accept the exact dosage needed during the registered program hours – personnel will not accept a complete bottle of liquid, tablets or powder.

The medication must be provided in the original container with the following information:

- the athlete's name
- type of medication
- time dosage to be given
- other specific instructions

Enrolled/Registered participants age 18 or younger are not allowed to dispense their own medication.

I authorize (*print name*) _____ to give my child,
(*print name*) _____, the following medication(s) listed below.

PRINT ONLY

Name of Medication	Dosage	Date(s) to be given	Time(s) to be given	Special Instructions

Printed Name of Parent/Guardian	
Signature	Date