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.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Date(s) to be given</th>
<th>Time(s) to be given</th>
<th>Special Instructions</th>
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Printed Name of Parent/Guardian

Signature __________________________ Date ________________