



## Permission for Medication



Date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Grade: \_\_\_\_\_

My son/daughter has permission to receive the following medications:

Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

I understand that this medication will not be supplied by the school or the athletic trainer. All medication must be in labeled container including the athlete's name, the medication name, and dosage instructions. This medicine will remain in the athletic training room unless it is specified to stay with the athlete, such as an inhaler or Epi-pen. In that situation, the medication will remain in the team medical kit.

\_\_\_\_\_  
Parent or Guardian Signature