

MEDICAL AUTHORIZATION FORM

Our staff or volunteers, with parent/guardian consent, will assist a camper requiring medication if this form is fully completed and meets Club policies and procedures. This form should be completed and given to your child's Supervisor.

TO BE COMPLETED BY PARENT/GUARDIAN or PHYSICIAN
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Condition of camper for which Medication is necessary	
Name of Medication	
Dosage or Amount Taken by Camper each time	
What time is dosage taken	
Method of Medication Administered	
Possible Side Effects	
Storage & Safekeeping for Medication	
Expiration Date	
Prescribing Physician's Name	
Office Address & Telephone Number	
Signature of Parent/Guardian or Physician: _____ Date: _____	

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Camper: _____ Birthdate: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Parent/Guardian Name: _____

Business Address: _____ City: _____

Postal Code: _____ Telephone: _____

PARENT/GUARDIAN APPROVAL

I hereby request and give permission to Royal City Soccer camp and Royal Soccer Club staff including instructors, supervisors and volunteers to assist my child in administering his/her prescribed medicine according to the instructions completed above by the Parent/ Guardian. I fully acknowledge that with administration of medication there may be certain risks or hazards for which I will not hold the Royal City Soccer Club, Royal Soccer Club or any of its staff, volunteers or members responsible.

Signature of Parent/Guardian: _____ Date: _____