



*Permission to Administer Medicine*

<b>ATHLETE'S FULL NAME</b>	<b>DATE OF BIRTH:</b>
<b>ATHLETE'S ADDRESS:</b>	
<b>PARENTS CONTACT NUMBER:</b>	
<b>DOCTORS NAME:</b>	<b>TELEPHONE NUMBER:</b>
<b>ADDRESS OF SURGERY:</b>	
<b>REASON FOR MEDICINE:</b>	
<b>NAME OF MEDICINE:</b>	<b>STORAGE REQUIREMENTS:</b>
<b>DOSAGE:</b>	
<b>TIMES TO BE ADMINISTERED:</b>	

**I give permission for medicine to be given to my child in accordance with the details above.**

<b>PARENTS SIGNATURE:</b>	<b>DATE:</b>
<b>PARENTS NAME:</b>	

Staff at Beas Cheerleading will only be permitted to administer medication to the athlete if you complete and return this form.

- Under no circumstances will members of staff administer medication against the will of an athlete.
- We can only administer prescription medication if it has been prescribed for the athlete in question by a doctor, dentist, nurse or pharmacist. Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact Berenese McNeil at Beas Cheerleading.