

## Medical Authorization Form

The Asante Soccer Academy's instructors, supervisors and volunteers, with parent/guardian consent, will assist a camper requiring medication if this form is fully completed and meets Academy policies and procedures. This form should be completed and given to your child's instructor for the week.

<b>TO BE COMPLETED BY PARENT/GUARDIAN or PHYSICIAN</b>
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Condition of camper for which medication is necessary	
Name of medication	
Dosage of 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:

<b>TO BE COMPLETED BY PARENT/GUARDIAN</b>
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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 Asante Soccer Academy camp 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 by staff of the Asante Soccer Academy there may be certain risks or hazards for which will not hold the Asante Soccer Academy or any of its staff or volunteers responsible.

Signature of Parent/Guardian:

Date: