



WOODLAND PARK JR. WRESTLING CLUB
MEDICATION ADMINISTRATION AUTHORIZATION

2018-2019 SEASON

**PARENT PERMISSION TO GIVE “OCCASIONAL”
OVER-THE-COUNTER MEDICATION**

Wrestler Name _____ Age: _____ Wt: _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter.” This form is required before over-the-counter medications can be administered at wrestling practice/events.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

I approve all medications listed below

I do **not want** any OTC meds given to my wrestler

Medications:

_____ Acetaminophen (i.e. Tylenol)

_____ Antihistamine for Allergic Reaction ONLY (i.e. Benadryl)

_____ Eye Wash

_____ Cough Drops

_____ Icy Hot Gel

OTC medications will be given at the manufacturer’s recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent or Guardian)

(Date)

For OTC medications not listed on this form, other for prescription medications, please use the form “Medication Administration Form”.

MEDICATION HISTORY:

Is your wrestler allergic to any medications? _____ If yes, please list medicine(s) and type of reaction:

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If yes, please list: _____