



WOODLAND PARK JR. WRESTLING CLUB  
 MEDICATION ADMINISTRATION AUTHORIZATION FORM  
 (e.g. Inhalers)

<p style="text-align: center;"><b>MEDICATION SHALL BE SELF-ADMINISTERED</b></p> <p><b><u>Coaches &amp; Staff CANNOT administer medications unless it is a life threatening situation.</u></b>          Your child will need to self-administer, or you will need to be present to administer the medications to your wrestler due to liability to the Club</p>	<p style="text-align: center;"><b>INITIAL HERE</b></p>
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**I. INSTRUCTIONS**

**ONLY COMPLETE IF: Your child must have medication at practice/tournaments without you present**  
 Complete this form in its entirety. please make sure that medications:

- Are in the original container labeled by the pharmacist or prescriber.
- Nonprescription medication is in the original container with instructions on them. Nonprescription medications include: vitamins, homeopathic, and herbal medications.
- One form per medication needed

**II. CLUB INFORMATION**

**YOUTH SPORT CLUB:** Woodland Park Jr. Wrestling Club    **PRACTICE ADDRESS:** 151 Panther Way Woodland Park, CO 80863

**III. PRESCRIPTION INFORMATION**

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b>
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<b>CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:</b>	<p style="text-align: center;"><b>EMERGENCY/RESCUE MEDICATION</b></p> <p style="text-align: center;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO          (If NO- do NOT complete form)       </p>
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<b>MEDICATION NAME:</b>	<b>DOSE:</b>	<b>ROUTE:</b>
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**KNOWN SIDE EFFECTS SPECIFIC TO CHILD:**

<b>PARENTS NAME-PRINTED</b>	<b>TELEPHONE:</b>
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**IV. PARENT/GUARDIAN AUTHORIZATION**

I authorize Woodland Park Jr. Wrestling Club Coaches/staff to supervise the self-administration of the medication listed above as noted by the parent listed above. I authorize Woodland Park Jr. Wrestling Club Coaches/Staff to administer the medication ONLY in the event that it is in a life-saving effort to prevent death. I release the coaches/staff from any and all liability associated with the administration of said medication. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication. I understand that this form is only valid for the authorization period listed above. I confirm that, if the medication above is a prescription medication, the child has taken the medication prior to attending our club.

<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>
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**V. ACKNOWLEDGEMENT OF RECEIPT/REVIEW OF FORM**

<b>WPJWC STAFF MEMBER/COACH SIGNATURE OF REVIEW:</b>	<b>DATE:</b>
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