



WOODLAND PARK JR. WRESTLING CLUB  
MEDICATION ADMINISTRATION AUTHORIZATION

SEASON \_\_\_\_\_

**PARENT PERMISSION TO ADMINISTER  
OVER-THE-COUNTER MEDICATION IF APPLICABLE**

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 WRESTLER**

(Signature of Parent or Guardian)

(Date)

**For OTC medications not listed on this form 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 (over-the-counter or prescription) on a regular basis? \_\_\_\_\_

If yes, please list: \_\_\_\_\_