



PERMISSION TO ADMINISTER MEDICATION 2018/19



If your child has a medical condition which may require attention whilst participating in Mavericks activities, we request that you give permission to allow our FA Emergency First Aid trained staff to administer necessary medication in your absence.

AFFILIATED TO





PERMISSION TO ADMINISTER MEDICATION 2018/19



NAME OF CHILD:

DOB:

MEDICAL CONDITION:

NAME OF MEDICATION (AS APPEARS ON LABEL):

DOSAGE & METHOD OF ADMINISTRATION:

PRECAUTIONS/SPECIAL INSTRUCTIONS:

PRESENTATION OF ILLNESS:

(Are there any particular signs that medicine needs to be administered?)

I hereby give my permission for staff of Mavericks Futsal Club to administer the above medication to my child. I understand that it is my responsibility to provide medication to staff when my child attends and that the instructions provided above will be followed by them. If there are any changes to my child's condition, its presentation or medication, it is my responsibility to inform a member of the Club.

SIGNED: (PARENT/GUARDIAN)

PRINT NAME:

DATE:

Place photo of
child here

