

COPA Soccer Training Center

Medication Permission Form

This form must be completed fully in order for COPA STC to administer the required medication. A new Medication Permission Form must be completed for each week of camp. COPA STC staff will return Medication Permission Form with medication on the final day of camp.

Athlete Authorization

Athlete Name: _____ Date of Birth: _____

Medication Name: _____ Strength: _____

Tablet/Capsule Liquid Injection Topical Inhaler Nebulizer

Required Dose: _____ Time to Be Given: _____ AM PM

Reason For Giving Medication: _____

Relevant Side Effects: _____

How Soon Can Dose Be Repeated? _____

Medication Shall Be Administered from (Month/Day/Year): _____ to _____

Additional Instructions: _____

Parent/Guardian Authorization

Parent/Guardian Name: _____

Telephone Number: _____

Address: _____

I authorize COPA Soccer Training Center staff and personnel to administer the above medication to my child per the instructions provided by the Parent/Guardian. I give my consent for exchange of information and communication directly between COPA Soccer Training Center and Medical Providers as necessary. I understand and agree to the following responsibilities regarding medication administration:

1. Prescription medication must be in a container labeled by the pharmacist or health care provider.
2. Non-prescription medication must be in the original container with the label intact.
3. An adult must bring the medication to COPA STC and pick up any unused medication.
4. Pill splitting must be done by parent/guardian prior to providing medication to COPA STC personnel.
5. Parent/Guardians provide all materials or necessary equipment (e.g. measuring spoon, pill crusher) for medication authorization.

Parent Signature: _____ Date: _____