

# Athletic Emergency Information & OTC Medication Permission Form

Student's Full Name \_\_\_\_\_

*Please print*

Date of Birth \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Medications taken regularly \_\_\_\_\_ Allergies \_\_\_\_\_

Special conditions that should be known by Athletic Trainer, Coach and/or Physician \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Language \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Language \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Another person to call \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Primary Language \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Does your son/daughter have medical insurance? Yes or No

If so, company \_\_\_\_\_ Policy/group# \_\_\_\_\_

## **Over the Counter (OTC) Medication Permission**

The following is a list of Over the Counter medications available to your son/daughter (upon athlete request) during practice/competition to be given by the attending school official (Athletic Trainer/Coach). The products on the list are used when warranted. Generic and brand names can be substituted. All medication is given according to the label instructions.

**PLEASE CHECK** all the medication(s) that your child is **ALLOWED** to have:

- Tylenol / Acetaminophen
- Advil / Ibuprofen
- Cough Drops/ Lozenges
- Tums / Rolaids / Antacid
- Pepto / Immodium AD
- Benadryl / Antihistamine
- Midol (females only)
- Fosfree (calcium & iron supplement used for muscle cramps)

I do **NOT** want my child to have any OTCs this year

If, in the judgment of an representative of the school, the student named above, should need immediate care and/or treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, coach, nurse or school representative and release from any claim by any person whosoever on account of such care and treatment of said student. A photocopy of this authorization is to be considered as effective and valid as the original.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_