



CONSENT FOR ADMINISTRATION OF MEDICATION

The undersigned, as the parent and natural or legal guardian, hereby consents to and requests that Outlaw Cheer Athletics administer the following medication to my child according to the prescribed dosage.

Child's Name: _____

Medication(s): _____,

_____ ,

_____ .

Prescribed Dosage: _____,

_____ ,

_____ .

Times(s) to administer dosage: _____,

_____ ,

_____ .

Special Instructions: _____

_____ ,

_____ ,

_____ .

Dates: From: _____; To: _____

This request notwithstanding, Outlaw Cheer Athletics may refuse at any time to accept the responsibility to administer medication. In the event of such refusal, Outlaw Cheer Athletics will contact you and you agree to promptly make arrangements for the administration of any required medication. All medication to be administered must be in a properly labeled container with the child's name and dosage clearly marked thereon. Outlaw Cheer Athletics does not assume any responsibility for lost or destroyed medication.

Printed Name: _____ Relationship: _____

Signature: _____ Date _____