Kickin' it with Burli

Burlington Soccer Club
Medical Consent Form
To be completed and returned the 1st day of program

The Burlington Soccer Club wants to ensure your child has a safe and enjoyable experience while attending our program. If the administration of medication is required by your child during the hours of our program, please read this form carefully and sign below.

Child's Name: _____

Medication: My child needs to receive medication(s) while at the program:

YES [ ] NO [ ]

If "YES", please indicate the following:

1. Type of medication: _____
2. Dosage (if liquid, specify spoon size): _____
3. Storage: _____
4. Time to be given: _____
5. Reason: _____
6. Are there any side effects of which the program staff should be aware? _____

   _____

   _____

7. I authorize the medication to be given/I fully acknowledge that with administration of medication by staff of the Burlington Soccer Club there may be certain risks or hazards for which I will not hold the Burlington Soccer Club or any of its staff or volunteers responsible.

   Date: _____ Parent/Guardian Signature: _____

   Physician's Name: _____

   Physician's Phone Number: _____

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FOR: _____

Medication: _____

Dosage: _____

Time to be given: _____

Medication Chart

Date	Time	Given By	Witness