



## CONSENT FOR ADMINISTRATION OF MEDICATION

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

Child's Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Prescribed Dosage: \_\_\_\_\_ Time(s) to administer dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Dates: From \_\_\_\_\_; To: \_\_\_\_\_

This request notwithstanding, Central Florida Athletics LLC may refuse at anytime to accept the responsibility to administer medication. In the event of such refusal, Central Florida 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. Central Florida Athletics LLC does not assume any responsibility for lost or destroyed medication.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_