

Austin Athletic Fellowship

MEDICATION AND EMERGENCY CARE School Year 2010-2011

Student's Legal Name _____ Grade _____ Age _____

Please indicate which medications may be given to your child as needed for minor complaints.

<i>Childrens Chewable Tylenol*</i>		<i>Advil/Motrin*Tablets**</i>		<i>Cough drops</i>
<i>Junior Chewable Tylenol*</i>		<i>Chewable Antacid</i>		<i>Topical Anti-itch Cream</i>
<i>Adult Tylenol*</i>		<i>Benadryl*Liquid</i>		<i>Topical Antibiotic Ointment</i>

**generic may be substituted for name brand **only administered to students 12 years and older*

*WE DO NOT DISPENSE ASPIRIN PRODUCTS
WE DO NOT ROUTINELY DISPENSE TYLENOL FOR ALLERGY SYMPTOMS
MEDICATION IS DISPENSED ACCORDING TO PACKAGE DIRECTIONS*

Insurance _____ I.D. # _____ Group # _____

Physicians Name _____ Phone _____

Address _____ Medical Exchange _____

Family Dentist _____ Phone _____

Address _____

Hospital Preference _____

Food, Drug or Other allergies? _____

Medical Conditions? _____

Daily Prescriptions or Medications? _____

List any health conditions such as heart disease, diabetes, epilepsy, asthma, severe allergies, eye or ear problems or any chronic health problems.

Emergency Contact Information:

Name _____ Address _____

Phone _____ Relationship to Student _____

I/We, the parents of the above named athlete, hereby give my/our permission and approval to his/her participation in any athletic team, group or association, supervised by the Austin Athletic Fellowship staff.

I/We do hereby authorize Austin Athletic Fellowship to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I/We are not immediately available. I give permission for any physician or other emergency medical personnel to provide emergency medical care at their professional discretion.

I/We also agree to accept responsibility for the cost of above medical services.

I/We assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Austin Athletic Fellowship, organizer, sponsors, supervisors, participants and persons transporting my/our child, whether the result of negligence or any other cause, except to the extent amount covered by accident or liability insurance.

I give permission for my child to receive the “over the counter” medications which are marked above.

I agree to hold harmless Austin Athletic Fellowship, its staff, assigns or representatives, from any and all claims, demands or suits relating to the administration of medication or emergency medical care.

Parent(s) or Guardian signature

Date