

Authorization and Release

For Administering Medicine to Athletes/Campers at CTA Highflyers or CTA Highflyers Sponsored Activity

A separate written Authorization and Release must be submitted each year for each medicine to be administered, and for each change in the dosage, time(s) and/or method of administration. This form is ONLY for medication administered by CTA Highflyers employees. CTA Highflyer Employees will ONLY administer ORAL medications.

Student Name: _____ Date of Birth: _____

CTA Highflyers Activity: _____

Health Care Provider Authorization and Directions

Name of Medication: _____

This Medication is: Prescription Nonprescription

Purpose of Medication: _____

Dosage: _____

Time(s) the medication is to be administered: _____

Starting Date: _____ Ending Date: _____

Possible Side Effects of Medication: _____

Printed Name of Health Care Provider: _____

Office Phone: _____ Ext: _____

Signature of Provider: _____ Date: _____

Special Instructions

Prescription Medication: Must be furnished in the original pharmacy labeled container. The child's name, name of the medication, dosage, name of prescribing health care provider (who is required to furnish Health Care Provider Authorization and Direction above), date prescription was filled, and expiration date must be printed on the medicine container's pharmacy label.

Nonprescription Medication: Must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medication.

Parent/Guardian Request, Permission and Release

I hereby request and give my permission for CTA Highflyers to administer to my child the medication named in the above Health Care Provider Authorization and Directives, as specified by the health care provider. In connection with my request, I hereby authorize the health care provider to provide information to CTA Highflyer personnel who may be involved in administering the medicine of the child. If my request is granted (as noted by the employee signature in the CTA Highflyers Authorization below), I hereby release and hold harmless CTA Highflyers and its Employees from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with the administering of medication to my child as provided above.

Parent/Guardian Signature: _____ Date: _____

CTA Highflyers Authorization

Employee Signature: _____ Date: _____