



Kickin' it with Burli



Burlington Youth Soccer Club Medical Consent Form

To be completed and returned the 1st day of program

The Burlington Youth 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 Youth Soccer Club there may be certain risks or hazards for which I will not hold the Burlington Youth Soccer Club or any of its staff or volunteers responsible.

Date: _____ Parent/Guardian Signature: _____

Physician's Name: _____

Physician's Phone Number: _____

