

Coerver® Coaching ACT Medication Permission Form

Coerver Coaching ACT requires that all participants who need medication during programs must do the following:

1. Submit this medication permission form signed by the parent or legal guardian.
2. Bring the medication in its original labelled bottle/box, • Or with a label written by the pharmacist or physician, with the name of the medicine and the student clearly marked, • With the date of expiry clearly marked,
3. Each medication requires a separate permission form.
4. Medications which are to be given on an “as needed” basis should be accompanied by specific instructions as to symptoms which constitute the need for a dose and the intervals at which the medication can be repeated.

~~~~~ TO BE COMPLETED BY PARENT ~~~~~

I give permission for the Coerver Coaching staff to administer the following medication.

Name of the student \_\_\_\_\_ Year \_\_\_\_\_  
 Parent daytime phone No \_\_\_\_\_ Mobile phone No \_\_\_\_\_  
 Condition or symptoms for which medication has been prescribed \_\_\_\_\_  
 Name of medication \_\_\_\_\_ Dose \_\_\_\_\_  
 Time(s) to be given \_\_\_\_\_  
 Dates to be given: from: \_\_\_\_\_ to: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Are there any instructions or restrictions related to this medication (e.g. needs to be given with food, given ½ hour before exercise, may repeat....)? Yes \_\_\_ No \_\_\_

If yes, describe how or when \_\_\_\_\_

Physician who prescribed the medication: \_\_\_\_\_ Phone No \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coerver Coaching ACT Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

