

YELLOWKNIFE GYMNASTICS CLUB
PO BOX 2571
YELLOWKNIFE, NT X1A 2P9
867-920-7771



MEDICAL FORM

ADMINISTRATION OF PRESCRIBED/NON-PRESCRIBED MEDICATION FORM

Yellowknife Gymnastics acknowledges that certain athletes may require prescribed medication during the camp program to function as near to their potential as possible. The Yellowknife Gymnastics manager or camp coordinator shall designate an individual to administer prescribed medication provided staff assistance is required in administering medication and only if the parent or legal guardian of the athlete completed (and arranges for completion of) this form. A parent/guardian shall complete a new form if changes/renews of the prescription accrues.

PART 1: NON-PRESCRIBED (to be completed by a parent or guardian)

a) I request that the medication _____ be administered
(name of medication)

To _____
(name of athlete)

for a period of _____
(length of time- days, weeks)

b) I will deliver/send the medication as follows:

c) I shall notify the Yellowknife Gymnastics Club immediately if the medication is no longer required.

(signature of parent)

(date)

YELLOWKNIFE GYMNASTICS CLUB
PO BOX 2571
YELLOWKNIFE, NT X1A 2P9
867-920-7771



PART II:PRESCRIBED (to be completed by Physician)

Re: _____
(name of patient)

a) Specify the medication, dosage, frequency and the method of administration of this medication during the day:

b) I anticipate the child's reactions to the prescribed medication will be:

(date)

(signature of physician)

(Telephone)

(mailing address)