



UCD Hockey
Youth Academy



Medical consent form

Childs name					
Childs date of birth					
Details of medical condition i.e what the medicine is for?					
Name of medicine (If more than one, please fill out a separate form per medicine)					
Dosage of medicine					
Route for administration (Please circle the correct option)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Oral (by mouth)</td> <td style="width: 50%;">Topical(rub in)</td> </tr> <tr> <td>Inhale</td> <td>Other</td> </tr> </table>	Oral (by mouth)	Topical(rub in)	Inhale	Other
Oral (by mouth)	Topical(rub in)				
Inhale	Other				
Frequency of dosage or times to be given					
Any other information eg side effects or special precautions					
Printed name of parent/guardian					
Parents/guardians contact number					
** Signature of parent/guardian authorising administration of medicine					
**Date					
** Signature of camp coordinator/program manger					
** Date					
Group name (if attending camp)					

For office use only

Record of medicine given				
**first check when medicine was last given				
Date	Time	Dose given	Signature of person who gave medicine	Signature of witness (where applicable)

Outcome record				
For temperature rechecks/whether tolerated/adverse allergic reactions, or other				
Date	Time	Comment	Any action taken	Signature of person