



Xavier Prep Crew

Authorization to Dispense Medication

Athlete's Name: _____

Date of Birth: _____

Emergency Contact: _____

Phone: _____

I _____ hereby authorize a chaperone of Xavier Prep
(Parent or Guardian)

Crew to dispense to my daughter, if needed, any of the following medications checked below:

Please check all that apply.

- | | | |
|-------------------------|------------------------|---------------------|
| ____ Tylenol | ____ Ibuprofen (Advil) | ____ Aspirin |
| ____ Imodium AD | ____ Pepto Bismol | ____ Alka Seltzer |
| ____ Midol | ____ Benadryl | ____ Cough Medicine |
| ____ Topical Antiseptic | ____ Cold Medicine | ____ Dramamine |

List any medications your athlete takes on a regular basis and/or any allergies to medication.

Xavier Prep Crew Use ONLY

Medicine: _____	Date/Time Given: _____	Initials: _____
Medicine: _____	Date/Time Given: _____	Initials: _____
Medicine: _____	Date/Time Given: _____	Initials: _____
Medicine: _____	Date/Time Given: _____	Initials: _____