

Hoppin' Hawks
Consent for Administration of Approved Discretionary Medications
And Health/Parent Contact Information

Jumper Name: _____
Jumper Weight: _____ **Sex:** M / F **DOB:** ____ / ____ / ____ **Grade:** _____
Home Address: _____
Home Phone: _____
Allergies/Sensitivities/Medical Conditions: _____

Please list all medications taken by your child on a regular basis:

Does your child have any medical or physical conditions that could affect his/her ability to practice and perform (i.e. asthma, joint injuries, pain, etc)? If yes, please describe below:

Medication Administration – Every effort will be made to make contact with a parent or guardian before administering any medications. However, in the event that someone cannot be reached, by checking the boxes below, you grant permission for your child to receive a medication listed below as deemed by a Supervising Adult. You are furthermore agreeing that a generic equivalent may be used. All medications checked will be administered by a Supervising Adult in accordance with the prescribed dosage as listed on the label.

- Chewable Antacid Tablets (Such as Tums) for Upset Stomach**
- Diphenhydramine (Such as Benadryl) for Mild Allergic Reactions**
- Acetaminophen (Such as Tylenol) for Headache/Fever/Sore Throat/Pain**
- Ibuprofen (Such as Advil or Motrin) for Muscle Aches/Pain (only for jumpers ages 12 & over)**
- I DO NOT want any medication given to my child**

Parent/Guardian Information and Emergency Contact Information

Mother: _____
Home # _____ **Work #** _____ **Cell #** _____

Father: _____
Home # _____ **Work #** _____ **Cell #** _____

If a parent cannot be reached, only the persons listed below will be permitted to pick up child.

Name: _____
Relationship: _____ **Phone #** _____

Name: _____
Relationship: _____ **Phone #** _____

Parent/Guardian Signature:

Date _____