REQUEST TO ADMINISTER MEDICATION
Inhaler Permission Form

TO BE COMPLETED BY THE PARENT/GUARDIAN AND PHYSICIAN

FOR COMPLETION BY PARENT/GUARDIAN

Last Name **First Name** **Date of Birth** / /

Address **Phone Number (** **)**

City **State** **Zip**

The parent or guardian agrees to indemnify, defend, and hold harmless the RHS Cheerleading Booster Club, Inc. – Junior RAMS Division for any and all claims, actions, costs, expenses, damages and liabilities, including attorney fees, arising out of, connected with, or resulting from the administration of medication by a Junior RAMS coach, volunteer, etc. ("Agent") or from the self-administration of medication by the participant.

The parent or guardian agrees RHS Cheerleading Booster Club, Inc. – Junior RAMS Division and its Agents shall incur no liability as a result of any injury arising out of or connected with the administration of medication by a Junior RAMS Agent or from the self-administration by the participant.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the participant is provided permission to use medication or self-administer medication. This agreement must be renewed for each subsequent sports season. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.

Parent Signature **Date**

FOR COMPLETION BY PHYSICIAN

Physician Name

Diagnosis **Medication**

To be used for the following signs and symptoms

Dosage **Frequency**

Does this child have any restrictions on activity?

I have instructed this child in the proper administration of this medication and I certify that he/she is capable of self-administering. **Yes** **No**

Physician Signature **Date**

Parent Signature **Date**

Physician's Stamp