Medical Treatment Form

I/We give the SWH Coaching Staff permission to administer medicine in the form of, but not restricted to pills (Tylenol, Ibuprofen, Aspirin, etc.) and antibiotic ointment in case of an injury/illness suffered during practice or a game.

Athlete’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_