

**Special Olympics Pennsylvania  
Medication Assistance Consent Form**

**Athlete name:** \_\_\_\_\_

Please state **name(s) of all medication** which the athlete takes, and **dosage** and **times** at which they are normally given. **PLEASE ATTACH COPY OF PRESCRIPTION FOR CONTROLLED SUBSTANCE MEDICATION.**

**Everyday medication**

Medication name	Dose	Time	Controlled Substance?	Medication taken for:

**PRN medication**

(Medication as required/needed, for example: paracetamol)

Medication name	Dose	Time	Controlled Substance?	Medication taken for:

**What level of assistance does the athlete require to administer medication?**

Some Supervision/Assistance ☐

Full Assistance ☐

**How does the athlete take their medication?** (For example: with a drink, in a yogurt, etc.)

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**Emergency contact information**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Does the medication have storage requirements?** (For example: refrigeration, etc.)

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**List the amount of medication provided to Volunteer Coach** (For example: 30 pills, 1 inhaler, etc. – confirm enough medication for entire event)

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**Any other relevant information?**

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**This form needs to be completed by the parent/guardian/caregiver.**

**Form completed by:** \_\_\_\_\_

**Relationship to athlete:** \_\_\_\_\_

I hereby give permission for an individual nominated by Special Olympics of Pennsylvania to assist \_\_\_\_\_ **[athlete name]** with taking prescription medication at all training sessions and for the duration of the \_\_\_\_\_ **[year and name [fall, winter, or spring/summer] of season]**.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signature of person completing the form*