

**Colorado Junior Crew  
MEDICATION FORM**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that medications will not be collected at practice or during travel, but CJC needs to be aware of the medications your child is currently taking. If you have specific needs, please be sure to make that notation below. Please list all medications (including over-the-counter or non-prescription drugs) taken routinely, and send enough medication to last for the entire event when traveling out of town. Please keep all medications in the original packaging/bottle which identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Athlete takes medications as follows:

Med #1: \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_  
Reason for taking/Other Notes \_\_\_\_\_  
\_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_  
Reason for taking/Other Notes \_\_\_\_\_  
\_\_\_\_\_

Med #3: \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_  
Reason for taking/Other Notes \_\_\_\_\_  
\_\_\_\_\_

I give permission to the CJC coaches and chaperones to assist my child with medication as described above:

Yes       No

My child may be given the following "over-the-counter" medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_