

# **GROTON SOCCER ASSOCIATION**

## **MEDICATION FORM**

In order to assure the safety of all athletes who participate in Groton Soccer medications cannot be passed by coaches without the permission of the parent/guardian. Please list any medication you approve your child to take \_\_\_\_\_;  
Players Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

This permission form is for the 2008 Spring Soccer Season, it will become inactive at the end of the Season. The Groton Soccer Association is not responsible and takes no liability for the medication chosen by the legal guardian for your child

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date