



## UNITED STARZ NETBALL CLUB INC – Medical Authority Form 2021

### Authority to Administer Paracetamol, Band-aids & Antiseptic Cream

- ☐ **I give permission** for the Coach, Manager or First Aid Officer only, to administer paracetamol, or apply band-aids and/or antiseptic cream to my child, when sudden fever or pain occurs, such as a headache or in the instance of an injury.
- ☐ **I do not give** permission for anyone to administer **paracetamol** to my child.
- ☐ **I do not give** permission for anyone to administer **band-aids** to my child.
- ☐ **I do not give** permission for anyone to administer antiseptic cream to my child.

Child/Player Names/s:

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**Parent / Guardian information – Please print CLEARLY**  
(please circle one)

**Mother / Father / Guardian**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Mobile: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_