PERMISSION TO DISPENSE MEDICATIONS

***This form must be completed only if the camper is under the age of 18 *and* the camper must take medicine during camp.

Participant's Name: _____ Date of Birth: _____

Camp(s): _____

MEDICATIONS TO BE ADMINISTERED BY CAMP PERSONNEL

The Sports Camp's designated personnel will not dispense any medications non-prescription drugs (Advil, Tylenol, etc.) or prescription medications (antibiotics, insulin, inhalers, etc.) to any Participant until Form VII (Permission to Dispense Medications) has been completed by a parent or guardian. I the parent/guardian must give the medication directly to the camp director or designated staff member in individual dosage containers, original manufacturer's container or original prescription container on the first day of camp.

I, _____, the parent/guardian of the Participant, give permission to the camp staff to administer to my child:

Prescription Medication Name: _____

Dispensing Time: _____ Dosage: _____

Special Storage Instructions: _____

Prescription Medication Name: _____

Dispensing Time: _____ Dosage: _____

Special Storage Instructions: _____

Non-Prescription Medications:

Where Camp personnel administer non-prescription medications, the recommended dosage will be adhered to according to the instructions on the container or if not found there, based on manufacturer's instructions.

Ibuprofen (Advil) ☐ Yes ☐ No

Acetaminophen (Tylenol) ☐ Yes ☐ No

Allergies: Benadryl ☐ Yes ☐ No

Other non-prescription medications which may be administered: _____

MEDICATIONS TO BE ADMINISTERED BY PARTICIPANT

My child may possess and self-administer the following prescription and/or non-prescription medication(s):

_____

PARENT OR GUARDIAN MUST SIGN HERE: I affirm that my child understands and agrees that he/she will use all medications only according to dosage instructions and he/she will not share or provide any medication to any other person, and that violation of this rule may result in disciplinary action, up to and including dismissal from camp.

_____

Signature of Parent/Guardian Date