

Sports C.L.U.B. Medication Authorization

By signing this form, you are agreeing to give Sports Camp Inc. the authority to administer medication to your child. All medication must be in the original container with the prescription label. Any medication brought to Sports Camp Inc. not following these guidelines will not be administered to the child. Any change to medication directions will require a new form. All medication is kept securely in a locked box.

Child's Name (Print): _____
(Last name First name Middle name)

Medication #1: _____

Directions: _____

Time To Be Given: _____

Date(s) To Be Administered: _____

Medication #2 _____

Directions: _____

Time To Be Given: _____

Date(s) To Be Administered: _____

Medication #3

Directions: _____

Time To Be Given: _____

Date(s) To Be Administered: _____

Parents Signature and Date: _____

Staff Signature and Date: _____