

**PRESCRIPTION MEDICINE
DISPENSING AUTHORIZATION**

I hereby certify my child is currently taking medication prescribed by a physician while attending camp. I understand the medication may not be kept by my child but will be safely held by the Camp Trainer/Director until needed.

Child's Name: _____

Room #: _____ Camp Location: _____

Medications

	Medicine #1	Medicine #2	Medicine #3
Name:	_____	_____	_____
Date Prescribed:	_____	_____	_____
Doctor:	_____	_____	_____
Doctor's Phone:	_____	_____	_____
Dosage:	_____	_____	_____
Hours to be Taken:	_____	_____	_____

Other Instructions: _____

Remarks: _____

Parent or Guardian's Name: _____

Relationship to Child: _____ Mother; _____ Father; _____ Other: _____

Phone where you can be reached during the day: 1. _____ 2. _____

I hereby give my permission for the above medication to be administered to my child by a Soccer Academy Camp Trainer/Director in accordance with the instructions given.

Signature: _____ Date: _____