



To: All Camp Parents/Guardians
From: Sports World First Aid Office
Regarding: Policy on Administration of Medication

Dear Parent/Guardian:

The Sports World staff and administration personnel do NOT administer medication to any camper

If your camper requires any type of medication (including but not limited to pain medication, asthma medication, inhalers, etc.), please fill out the bottom of this form and return it prior to the start of camp along with a copy of the prescription that identifies the proper use of the medication.

Campers Name: _____

Parent/Guardian: _____

Parent/Guardian Phone: _____

Parent/Guardian Signature Authorizing self medication by

Camper: _____

Date: _____

Physician's Signature Authorizing Self Medication by Camper: _____

Date: _____

Name of Medication: _____