

Prime Time Sports Camp



Non-Prescription Medication Dispensing Agreement



THIS FORM MUST BE COMPLETED BEFORE MEDICATION CAN BE GIVEN

_____	_____	_____	_____
Camper's Last Name	First Name	Gender	DOB
_____		_____	
Purpose of Medication		Name of Medication(s)	

Length of Time Medication Will Be Necessary			
_____		_____	
Dosage		Form (tablet, liquid, etc.)	
<p>Please note: Before dispensing any medication, an authorized PTSC staff member will contact the parent, guardian or emergency contact for approval. No medication will be dispensed without this approval.</p>			

(This section to be completed by parent or legal guardian)

I understand that it is my sole responsibility to give medication for my minor child directly to authorized PTSC staff with full instructions in original packaging only. I also understand that it is my sole responsibility to inform PTSC of any changes or modifications in the dispensing of medication. In all cases, I recognize that medication dispensing can only be changed or modified by completing another Non-Prescription Medication Dispensing Agreement.

I further recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. In consideration of PTSC administering medications to my minor child, I do hereby fully release and discharge PTSC and its owners, officers, agents and employees, and hold them harmless from any and all claims (and all costs and expenses arising from such claims) from injury, damage and loss that I, or my minor child, or any other person may incur or suffer in any way associated with the administering of medication to my minor child. If, after administering medication, my minor child experiences an adverse reaction, I do hereby give permission to PTSC to secure from any licensed hospital or medical personnel any treatment deemed necessary for immediate care. I hereby agree to be responsible for payment of any and all medical services rendered.

_____	_____	_____
Name of Parent or Guardian (please print)	Signature of Parent or Guardian	Date
_____	_____	
Home Phone	Emergency Phone	