Prime Time Sports Camp

Prescription Medication Dispensing Agreement

THIS FORM MUST BE COMPLETED BEFORE MEDICATION CAN BE GIVEN

(This section to be completed by a licensed physician)

Camper's Last Name	First Name	Gender	DOB

Purpose of Medication/Diagnosis	Name of Medication(s)

Date of Prescription	Length of Time Medication Will Be Necessary

Dosage Prescribed	Time Scheduled for Dose	Form (tablet, liquid, etc.)

The camper for whom this medication is prescribed is under my care.

Printed Name of Licensed Physician	Signature of Licensed Physician

Address	Telephone Number	Date

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

When prescription medication is to be dispensed, 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 prescription bottles 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 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