



COMPLETED BY PHYSICIAN:

First Name: _____ Last Name: _____

Birth Date: _____ Gender: Male Female

Name of Medication: _____

Time of Medication Administration: _____

Intended Effect of Medication: _____

Possible side effects of medication: _____

Physician Name: _____

Physician Signature: _____

Date: _____

COMPLETED BY PARENT/GUARDIAN

I understand that I am primarily responsible for administering my child's medication. If I am unable to do so or in the event of a medical emergency, I authorize Elite FT staff to administer, attempt to administer, or supervise my child's self-administration of any lawfully prescribed medication as directed. I acknowledge that medication may be administered by staff who are not medical professionals and agree to release Elite FT and The Sports Academy, along with their employees and agents, from any claims or liability arising from the administration or attempted administration of such medication.

Guardian name: _____

Guardian Signature: _____ Date: _____

Should you need to bring a medication/prescription/inhaler, please do the following:

1. Contact the camp director/staff
2. Complete this form
3. Briefly tell/explain to staff reasoning and how to administer

Please add any additional information here: _____