

PLEASE USE BLACK INK

UNITED STATES SPORTS CAMPS 2010 Medication Record FORM

I give permission to U.S.S.C., it's staff and coaches, to administer medication to,
_____ , medication #1, #2, #3, #4, #6.

Camper's Name

<u>Medication#</u>	<u>Name of Medication</u>	<u>Time of Day</u>	<u>Dosage</u>	<u>Special Instructions</u>
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#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

Additional Comments

Signature of Parent/guardian

Date