

PLEASE USE BLACK INK

**UNITED STATES SPORTS CAMPS
2020 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

Medication# Name of Medication Time of Day Dosage Special Instructions

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

Additional Comments

Signature of Parent/guardian

Date