

# Prescription & Non-Prescription Medication Authorization

Release and Indemnification Agreement

<b>PART 1      Parent or Guardian to Complete</b>			
I hereby request Overtime Athletics staff to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless Overtime Athletics, and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc. against them for helping this participants use medication, provided Overtime Athletics staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Part II below.			
Has the student taken this medication before? Yes ___ No ___ (If no, the first full dose must be given at home to ensure that the student doesn't a negative reaction.) First dose was given: Date: _____ Time: _____			
Student Name (Last, First, Middle):			
Date of Birth	School Name	School Year	Grade/Class
No staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.			
_____			
Parent or Guardian Signature			
_____			
Daytime Phone Number		Date	
<b>Part II      Parent or Guardian to complete and sign for over-the-counter medications for relief of symptoms for headache, muscle ache, or orthodontic pain, and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.</b>			
Overtime Athletics discourages the use of medication by participants in the program/camp during the day. Any necessary medication that is possible to be taken before or after the program/camp should be so prescribed. Injectable medications are not administered in the program/camp except in specific emergency situations. Overtime Athletics staff will, when it is absolutely necessary, administer medication during the program and while participating in programs, camps, or field trips and situations according to camp procedures. Information should be written in lay language with no abbreviations.			
Diagnosis:			
Medications:			

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again:

Dosage to be given at Camp (e.g. mg, ml, or cc):

Time(s) or interval between times to be given:

Effective date:

\_\_\_\_\_  
Physicians Name (Print or Type)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name (Print or Type)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Part III      Camp Director to Complete**

Check as appropriate:

\_\_\_\_\_ Parts I & II above are complete and including signature.

\_\_\_\_\_ Medication is appropriately labeled.

\_\_\_\_\_ Date by which any unused medication is to be collected by the parent.  
(Within one week after expiration of the physician order or on the last day of camp.)

\_\_\_\_\_  
Camp Director Signature

\_\_\_\_\_  
Date: