

UNC-Chapel Hill Field Hockey Camp Permission Form to Administer OTC Medication and/or Store Prescription Medication

I give permission for the camp medical staff, coaches, or administrative staff to administer OTC medication and/or store prescription medication listed below to my child / ward while at field hockey camp. I understand the camper will be reminded daily at the times listed below to report to the camp medical office to take their medication as directed by the prescribing physician.

Name of Parent / Guardian (Print): _____

Signature of Parent / Guardian: _____

Name of Camper: _____

Date: _____ Team Name (if applicable): _____

Please list all medications and the time(s) of day camper should report to camp medical office to take their medicine

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____