



Athlete/Partner Name: _____

Sport: _____

GUIDELINES:

1. No athlete/ partner will be given any prescribed or over-the-counter medication without prior, expressed written approval and specific instructions from the custodial parent/guardian or self reported.
2. No medication will be administered unless it is in the original container. All over-the-counter medication that a athlete/ partner brings to the USA games MUST be marked with the athlete/partner's name on the label; all prescription MUST have the participant's name clearly printed on the label, as prescribed for the participant by a medical doctor.
3. All medications, with the exception of physician-identified emergency medications (example: bronchial inhaler) must be placed in a sealed plastic bag and given to staff or coach if unable to administer on their own.
4. Participants may keep over-the-counter insect repellent (non-aerosol), sunscreen, and anti-itch lotion/ointment that they bring to the USA Games in their possession.

Incidental Medication:

A limited supply of certain medications will be available for use, however permission to use any of the below listed medications must be initiated by custodial parent/guardian in the box to the left of each allowed medication/application for SOWA staff and coaches to administer any of these to your child. Remember to include your child's personal dosage instructions for each item.

Permission to Administer Camp-Supplied Medication/Ointments, etc.		
Initials	Medication	Directions: For dose, how often &/or application.
	Acetaminophen – 500 mg.	
	Ibuprofen – 200 mg.	
	Cetirine Hydrochloride (Zyrtec) – 10mg	
	Bismuth Subsalicylate (Pepto Bismal) -262 mg	
	Calcium Carbonate (Antacid) -500 mg	
	Diphenhydramine Hydrochloride (Benadryl) -25 mg	
	Insect Repellent (DEET) -7%	
	Calamine Lotion	
	Afterbite	
	Hydrocortisone Anti-itch Cream 1%	
	Sunblock lotion - SPF 30	
	Aloe Vera Gel	
	Triple Antibiotic Ointment	
	Swimmer's Ear – Alcohol solution - regular strength	
	Tecnu - Wash for poison oak	

Parent/Guardian Agreement

I have read and understand the above guidelines regarding the dispensing of medications to my child. I have initialed all USA Games-supplied medications/ointments that have my approval along with the dosage instructions. If any changes to medications are made before camp, the parent/guardian will need to add them to the list and resign this form before the Games.

Further, my child or myself has (please check): No known allergies The following allergies (medications or other):

- Complete non-shaded areas for each medication to accompany your child or yourself.
- **All medication (prescription, over-the-counter, herbal, etc.) needs to be in its original container. No exceptions!!**
- **All prescription medication must be prescribed for the individual taking the medication. No exceptions!!**
- **Adults and minors attending programs must turn in medications.**
- For medications that are marked "as needed", your child or yourself is responsible to seek out the first aider to request your medication.
 - The staff/volunteers will not seek you out to assist with "as needed" medication.
- Inhalers and Epi Pens stay with the person or, if a minor, they can stay with the minor or the adult or with an adult first aider attending the program depending on your preference.
 - All Inhalers, Epi Pens that are brought must be reported.
- When filling out this form:
 - List each medication in a new box.
 - List exact dosage (i.e. milligrams or teaspoons).
 - Mark the time of day the medication should be taken.
 - List any special comments in comment box.

Parent/guardian signature _____

Date _____

PARTICIPANT NAME: _____

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
Claritin Example	10mg	<input type="checkbox"/> Breakfast								must be taken with food and water or milk. EXAMPLE
		<input type="checkbox"/> Lunch								
		<input type="checkbox"/> Dinner								
		<input checked="" type="checkbox"/> Bedtime								
		<input type="checkbox"/> Other:								
		<input type="checkbox"/> As needed								

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Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		<input type="checkbox"/> Breakfast								
		<input type="checkbox"/> Lunch								
		<input type="checkbox"/> Dinner								
		<input type="checkbox"/> Bedtime								
		<input type="checkbox"/> Other:								
		<input type="checkbox"/> As needed								

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		<input type="checkbox"/> Breakfast								
		<input type="checkbox"/> Lunch								
		<input type="checkbox"/> Dinner								
		<input type="checkbox"/> Bedtime								
		<input type="checkbox"/> Other:								
		<input type="checkbox"/> As needed								

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		<input type="checkbox"/> Breakfast								
		<input type="checkbox"/> Lunch								
		<input type="checkbox"/> Dinner								
		<input type="checkbox"/> Bedtime								
		<input type="checkbox"/> Other:								
		<input type="checkbox"/> As needed								

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		<input type="checkbox"/> Breakfast								
		<input type="checkbox"/> Lunch								
		<input type="checkbox"/> Dinner								
		<input type="checkbox"/> Bedtime								
		<input type="checkbox"/> Other:								
		<input type="checkbox"/> As needed								