

AUTHORIZATION TO GIVE MEDICATION

Minimum Standards for Licensed Child Day Centers and Licensed Family Day Homes require that prescription and nonprescription medicine (including over-the-counter medications, vitamins, and aspirin) may be given to a child only with the parent's or guardian's written consent. This form must be submitted prior to your child's first day of camp.

Child's Name _____ Age _____

DMB Sports Camps has my permission to administer the following medication(s):

Med #1 _____	Med #2 _____
Dosage _____	Dosage _____
Specific Times taken Each Day _____	Specific Times taken Each Day _____
Special Instructions _____	Special Instructions _____

****All medications must be in original containers with the Pharmacy label attached****

This authorization is effective until: _____ *

* For child day centers, the effective period must not exceed ten work days, unless otherwise prescribed by the child's physician - see section below.

Parent's or Guardian's Signature _____ Date _____

If a medicine is administered longer than 10 work days, the center regulation requires written authorization from the child's physician and parent or guardian. If authorization from the child's physician is not obtained, the written authorization from the parent or guardian must be renewed every 10 work days. The following can be completed for the use of long-term medication.

I certify that, in my opinion, it is medically necessary that the medicine described below be administered to _____ during center hours and that this medicine may be administered by center staff. (child's name)

Med #1 _____	Med #2 _____
Dosage _____	Dosage _____
Specific Times taken Each Day _____	Specific Times taken Each Day _____
Special Instructions _____	Special Instructions _____

Physician's Signature _____ Date _____

Name of Physician _____ Phone _____

Physician Address _____ City, ST Zip _____



Please complete this entire form and mail or fax to:
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