



**NON-PRESCRIPTION, TOPICAL MEDICATION AUTHORIZATION FORM**

(To be completed by parent or Legal Guardian of minor)

Camper                                       Staff                                       Volunteer

Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Topical Medication or Sunscreen \_\_\_\_\_

If sunscreen, all types/brands allowed? \_\_\_\_\_ YES \_\_\_\_\_ NO (If NO, camper will be expected to provide their own)

Conditions of Application (when to apply, area of body) \_\_\_\_\_

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Length of time for application: Start Date 8/5/2019 End Date 8/9/2019

Specific Instructions \_\_\_\_\_

Please note:

- Label instructions must be followed unless a note from camp participant's healthcare provider is provided.
- **A separate form is required for each non-prescription, topical medication or sunscreen.**

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Signature of Participant over the age of 18 or Parent/Legal Guardian

Date

**Hospital for Special Care  
Ivan Lendl Adaptive Sports Camp  
2150 Corbin Avenue, New Britain, CT 06053 860-832-6220**