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) __________________________

________________________________________________________________________

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.

____________________________________ ______________
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