



Program: _____

Hammer Training Academy Medication Dispensing Authorization

I hereby certify my child is taking medication (either prescribed by a physician or over-the-counter) while attending camp. No medication may be kept by the player or self-administered. At camp registration, all medications will be collected by the Trainer/Camp Director and provided to the player for administration as needed.

Player's Name: _____

Parent or Guardian: _____ Relationship to Player: _____

Phone Numbers: Day: _____ Evening: _____ Cell: _____

I hereby give my permission for the following medications to be administered to my child by a Hammer Training Academy Trainer/Camp Director in accordance with the instructions given.

Please sign below and mail to Hammer Training Academy, Inc: 934 Massachusetts Ave, Cambridge MA 02139

Signature of Parent or Guardian: _____ **Date:** _____

Medications

	Medicine #1	Medicine #2	Medicine #3
Name:	_____	_____	_____
Dosage:	_____	_____	_____
Hours to be Taken:	_____	_____	_____

If the medication is prescribed by a doctor:

Date Prescribed:	_____	_____	_____
Doctor:	_____	_____	_____
Doctor's Phone:	_____	_____	_____

Other Instructions: _____

Remarks: _____

