



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 _____

Conditions of Application (when to apply, area of body) _____

Length of time for application: Start Date _____ End Date _____

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