

**MINNESOTA GYMNASTICS TRAINING CENTER
MEDICATION FORM**

Name of medicine	Dose & Color (mg, units, puffs) (color of pill)	Route (by mouth, eye drops, inhaler)	Directions (time of day, etc)	Purpose Why do you take it?	Other Info:

ATHLETIC TRAINER & MEDICATIONS

We hire an excellent athletic trainer to oversee our camp. If your child has any medications, we ask that you complete this medication form. Please include one copy of the medication form with the other medical forms that you send with your final payment and place one form in a ziplock bag with your child's medication. You will bring the ziplock bag with completed form and medication to the athletic trainer on the first day of camp.

Child's Name: _____

Parent's Name: _____ **Phone:** (____) _____

Cell: (____) _____

Contact Information:

Doctor's name: _____ Dr. Phone: (____) _____

Pharmacy name: _____ Pharmacy phone: (____) _____

Emergency contact: Name: _____ Phone: (____) _____

Medications: Please list **all** prescription and non-prescription medications, herbals, eyedrops, nutritional supplements, inhalers, etc that may/must be administered to your child.