

**MINNESOTA GYMNASTICS TRAINING CENTER  
MEDICATION FORM**

<b>Name of medicine</b>	<b>Dose &amp; Color</b> (mg, units, puffs) (color of pill)	<b>Route</b> (by mouth, eye drops, inhaler)	<b>Directions</b> (time of day, etc)	<b>Purpose</b> 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. Bring a Ziploc bag that contains both the 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.