



2008 Summer of Gold Authorization for All Prescription and Non-Prescription Medicines

Note: This form must be completed for each prescription and non-prescription medicine your child will bring to the ISCC Summer of Gold Program. Medicine that is brought to camp without a corresponding authorization form will not be accepted. As this is a regulation of the state of Connecticut, there will be no exceptions to this policy.

Medical Authorizations must be completed and submitted at least 14 days prior to the skater's arrival at the International Skating Center's Summer of Gold program.

If a student develops a condition that requires prescription or non-prescription medicine while at camp, ISCC's physician will complete this form and it must be signed by the skater's parent or guardian.

Skater's Name _____ Date of Birth _____
Parent/Guardian Name _____
Address _____ City _____ State _____
Zip Code _____ Country _____ Email _____
Phones: Home () _____ Work () _____ Cell () _____

To be completed by authorized prescriber only:

Date of Prescription: _____ Medication/Drug Name _____

Dose: _____ Method of Administration: _____

Time of Day Medicine is to be Administered: _____ Is this a controlled substance? _____

Dates Medicine is to be started/stopped as applicable: _____

List any allergies, reactions or negative interactions with foods or drugs: _____

List any side effects and plan for management should they occur: _____

Other specific instructions regarding how the medication is to be given: _____

Authorized Prescriber's Signature: _____ Date _____

Prescriber's Name: _____ Address _____

Phone Number: _____

Parent's Signature: _____ Date _____