

# Hoyas Volleyball Camps & Clinics

## PARENTAL CONSENT TO DISPENSE MEDICATIONS FORM

Instructions:

1. All prescription and over the counter medications must bear your child's name.
2. Prescription and over the counter medication must be submitted in the original bottle.
3. Prescription and over the counter medication will be administered as described on the label.
4. Parent(s) or guardian(s) **must** submit written consent for athletic trainers of the **Hoyas Volleyball Camps & Clinics** to dispense medication to your child.
5. Your child is responsible for reporting to the training room at their designated time to receive their medication.

### CAMPER INFORMATION

CAMPER'S NAME	DATE OF BIRTH
MEDICATION(S)	SESSION(s)

I give permission for my child to receive the above medication(s). I will not hold the **Hoyas Volleyball Camps & Clinics**, its athletic trainers and employers, liable for any injuries to my child and for any damages or losses of any kind resulting from the administration to my child of these medications.

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PARENT SIGNATURE

DATE

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PARENT NAME (PRINTED)

DATE