



Medication Permission

Office • 13832 N. 32nd St. #100, Phoenix, Arizona 85032
www.hubbardsports.com • 602.971.4044 tel • 602.765.2950 fax

Medication(s) must be presented in its original container from the pharmacy with label intact.

Camper's Name	Gender	Birthdate
Name of Medication	Prescription # (if applicable)	
Reason for Medication		
Dosage Amount	Start and End Dates	Times and Frequency
Parent or Guardian Signature		Date of Authorization

FOR STAFF USE ONLY

Date	Time	Dosage	Given By
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