## MEDICATION AUTHORIZATION FORM

### Important Information for all Overnight Campers

- This form must be completed **PRIOR to camp** with the information for ANY prescriptions, AND/or over-the-counter (OTC) medications.
- All OTC medications (including 24-hr or as needed [as needed]) MUST be clearly indicated by ayped/indicated order signed by the camper’s health care provider. The order must be signed by the parent.
- All Campers using an EPI-Pen or asthma inhaler MUST inform camp medical personnel each time that these are self-administered.

### Over-the-Counter (OTC) Medication kept on hand at our Infirmary

These items will be administered at the discretion of the Physician’s Assistant or Athletic Trainer if approved by the camper’s parent or guardian. Note: Unless we have parental authorization, we cannot administer ANY medications. Please complete the following sections on time if your child needs any of these OTC medications during his stay.

### Over-the-Counter (OTC) Medication brought to camp with camper

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Route (please enter formulation)</th>
<th>Dosage</th>
<th>Schedule and Indications</th>
<th>Parental Permission to Administer (circle)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol</td>
<td>PO (chewable tab, elixir or IRS)</td>
<td>Per Label: Instructions by age/weight</td>
<td>Q 4 hr as needed for pain or fever &gt; ______°F</td>
<td>YES or NO</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>PO (chewable tab, suspension or tabs)</td>
<td>Per Label: Instructions by age/weight</td>
<td>Q 6 hr as needed for pain or fever &gt; ______°F</td>
<td>YES or NO</td>
<td></td>
</tr>
<tr>
<td>Robitussin</td>
<td>PO (syrup)</td>
<td>Per Label: Instructions by age/weight</td>
<td>Q 4 as needed for cough</td>
<td>YES or NO</td>
<td></td>
</tr>
<tr>
<td>Pepto-Bismol</td>
<td>PO (liquid or chewable tab)</td>
<td>Per Label: Instructions by age/weight</td>
<td>Q 30 min. to 1 hr as needed for diarrhea</td>
<td>YES or NO</td>
<td></td>
</tr>
<tr>
<td>Benadryl</td>
<td>PO (chewable tab, elixir or pills)</td>
<td>Per Label: Instructions by age/weight</td>
<td>Q 6 hr as needed for allergic reaction (hives, insect bite)</td>
<td>YES or NO</td>
<td></td>
</tr>
</tbody>
</table>

### Prescription Medications brought to camp with camper

(This section must be completed AND signed by the health care provider, stating the specific times and dosages):

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Route (please enter formulation)</th>
<th>Dosage</th>
<th>Schedule and Indications</th>
<th>Comments</th>
</tr>
</thead>
</table>

| Physician’s Name | _______________________________ | Phone: __________________________ | Date: ______________________ |
| Parent’s Signature (required for OTC and prescriptions) | __________________________ | Date: ______________________ |
Participants in 2009:

opportunity – over 25 college coaches have attended the camp in past years
instruction from top Division I, II and III coaches. It’s also a tremendous recruiting
weekend lacrosse camp located in the scenic Finger Lakes Region of Upstate New York.

Features of The Camp

• Top competition from the U.S. and Canada
• Top-of-the-line facilities, including lighted turf and grass fields, full-size indoor field
  (for inclement weather), fitness center, varsity weight room and pool
• Strength training clinic
• College recruiting seminar
• Teams guaranteed six (6) games
• All-star showcase game on the turf
• Camp champion recognition
• Camp follows the New York State Empire Games, which
  provide players with the chance to be seen by many top college
coaches traveling through the area
• Coaches will be paid for bringing their teams!

Tuition

Tuition is $295/overnight camper and includes instruction, lodging, excellent meals, jersey and full use of Hobart facilities.
Tuition is $195 for a camper who will be commuting and does not require lodging.

• Camp champion recognition
• College recruiting seminar
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• Coaches will be paid for bringing their teams!

Features of The Camp

2008 Champions: Evil Empire
2007 Champions: Minnesota Elite
2006 Champions: Delbarton High School
2005 Champions: Brien McMahon High School
2004 Champions: Rochester Blaze A

Participants in 2009: London Mustangs, LOSSA Lancers, Ohio Burning River, Johnson City Wildcats,
Brighton-Livonia, Penn Yan Mustangs, Summit, NJ, St. Francis-Fairfield/Warde and Midwest Lacrosse

2005 Champions: Evil Empire
2004 Champions: Rochester Blaze A

To contact Hobart College Lacrosse Coach T.W. Johnson, call (315) 781-3588 or e-mail

"The Colleges" from any and all liability for any injuries incurred by my child while attending camp (3) I am hereby representing to "The Colleges" that I will have
Adequate health insurance on my child while attending camp 01 will pay all costs incurred by the Colleges as a result of any failure by my child to respect and maintain camp facilities and/or to observe camp rules and regulations; (5) Signature by me/us of this
2007 Champions: Minnesota Elite
2006 Champions: Delbarton High School
2005 Champions: Brien McMahon High School
2004 Champions: Rochester Blaze A

For more information please contact the Conferences and Events Office at: (315) 781-3103 • events@hws.edu
To contact Hobart College Lacrosse Coach T.W. Johnson, call (315) 781-3588 or e-mail tjjohnson@hws.edu.

Please complete both sides of this form. (see reverse)

Team Challenge Lacrosse Camp at Hobart College

REGISTRATION FORM – 2010

Camper Name: Last_ First_ Home Address ______________ City_ State_ Zip_ Email: ____________________________________________________________________________

Parent Name: Last_ First_ Phone Home (___)________________________ Cell Phone (___)________________________

Age (as of July 11, 2010)________ School Name________________________________________ Position: ____________________________ Class year (Circle One): 2010 2011 2012 2013

Roommate (list one name) ____________________________ All rooms are doubles.

To guarantee campers’ placement with roommate, both must request each other. If you do not request a roommate, one will be randomly assigned.

Tuition: $295/overnight camper, $195/commuter rate (U.S. funds made payable to Hobart Lacrosse Camp)
Payment Enclosed: $295 full payment (overnight camper) $195 full payment (commuter rate)

Team Name ___________________________________________ Coach’s Name _________________________

PLEASE HAND IN ALL REGISTRATIONS TO YOUR COACH. THE COACH WILL THEN SEND IN ALL REGISTRATIONS AS A WHOLE TO HOBART LACROSSE CAMP.

RELEASE/ MEDICAL AUTHORIZATION

I, the undersigned, individually and as a parent(s) and guardian of the above mentioned child, a minor, agree that he/she will be admitted to participate in a camp at Hobart and William Smith Colleges further known as "The Colleges.” In consideration of such admission, I do hereby agree to release, discharge, and hold harmless "The Colleges," its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving the said minor arising out of his attendance of the camp or in the course of competition and/or activities held in connection with said camp.

I hereby consent to the general usage of photographs, digital images, film, videotape, or audio track, tape, transcription, written admissions, or interview of/v with my minor child in connection with publicity, advertising and promotional activities containing the likeness and/or name of said child by "The Colleges” or by successions for internal communications or other purposes, in any form, format, media or medium (including the Internet or other electronic means) now known or which may come into being in the future, if "The Colleges,” assign or successors so desire. The undersigned further releases and discharges "The Colleges” or successors or assigns, from any and all claims and demands, and waives and forever releases and discharges from any and all legal or equitable actions arising out of or in connection with the use of said media.

I hereby authorize emergency or other medical treatment for my child which may be deemed necessary by attending medical personnel while he/she is attending this camp. If I do not authorize the use of such media, the colleges may use such media in their decisions concerning the use of said media.

I hereby authorize emergency or other medical treatment for my child which may be deemed necessary by attending medical personnel while he/she is attending this camp. I understand that: (1) No camper will be permitted to enroll until acceptable medical/insurance information is provided; (2) I am hereby waiving and releasing "The Colleges’ from any and all liability for any injuries incurred by my child while attending camp (3) I am hereby representing to “The Colleges” that I will have adequate health insurance on my child while he is attending camp (4) The Colleges provides only excess medical insurance only.

The Colleges provide excess medical insurance only.

Health Insurance Company name: __________________________ Policy #: ______________

Parent Signature Required:

Parent and/or Guardian: __________________________________________

I understand that: (1) No camper will be permitted to enroll until acceptable medical/insurance information is provided; (2) I am hereby waiving and releasing "The Colleges from any and all liability for any injuries incurred by my child while attending camp (3) I am hereby representing to “The Colleges” that I will have adequate health insurance on my child while he is attending camp (4) The Colleges provide only excess medical insurance only (5) I will pay all costs incurred by the Colleges as a result of any failure by my child to respect and maintain camp facilities and/or to observe camp rules and regulations; (5) Signature by me/us of this registration form does not violate any legal agreement or order pertaining to the care and custody of my child.

Hobart and William Smith Colleges do not exclude anyone from participation in, deny anyone the benefits of, or subject anyone to discrimination or harassment in any program or activity provided or sponsored by the College which does not violate any legal agreement or order pertaining to the care and custody of my child.

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I hereby consent to the general usage of photographs, digital images, film, videotape, or audio track, tape, transcription, written admissions, or interview of/v with my minor child in connection with publicity, advertising and promotional activities containing the likeness and/or name of said child by “The Colleges” or by successions for internal communications or other purposes, in any form, format, media or medium (including the Internet or other electronic means) now known or which may come into being in the future, if “The Colleges,” assign or successors so desire. The undersigned further releases and discharges “The Colleges” or successors or assigns, from any and all claims and demands, and waives and forever releases and discharges from any and all legal or equitable actions arising out of or in connection with the use of said media.

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The Brine Team Challenge Lacrosse Camp at Hobart College is a highly competitive weekend lacrosse camp located in the scenic Finger Lakes Region of Upstate New York. The Brine Team Challenge Lacrosse Camp provides your varsity team with the opportunity to compete against intense Canadian and United States teams while receiving top-notch instruction from top Division I, II and III coaches. It’s also a tremendous recruiting opportunity – over 25 college coaches have attended the camp in past years.


**Tuition**

Tuition is $295/overnight camper and includes instruction, lodging, excellent meals, jersey and full use of Hobart facilities. Tuition is $195 for a camper who will be commuting and does not require lodging.

**Features of The Camp**

- Top competition from the U.S. and Canada.
- Top-notch facilities, including lighted turf and grass fields, full-size indoor field (for inclement weather), fitness center, varsity weight room and pool.
- Strength training clinic.
- College recruiting seminar.
- Teams guaranteed six (6) games.
- All-star showcase game on the turf.
- Camp champion recognition.
- Camp follows the New York State Empire Games, which provide players with the chance to be seen by many top college coaches traveling through the area.
- Couches will be paid for bringing their teams!

**SCHEDULE**

**Friday, July 23**

- Noon – 1:30 p.m. .............. Check-In
- 2:30 – 4:30 p.m. .............. Team Practice
- 6 – 9 p.m. ....................... Game 1
- 9:30 p.m. ....................... Recruiting Seminar

**Saturday, July 24**

- 6 – 9 p.m. ....................... Game 3
- 9 a.m. – Noon ................ Game 2
- 2 – 5 p.m. ....................... Game 4
- 6 – 9 p.m. ....................... Game 4
- 9:30 p.m. ....................... Camp All-Star Game on the Turf

**Sunday, July 25**

- 9 a.m. – 11 a.m. .......... Playoffs Games (game 5)
- Noon – 2 p.m ......... Final Games (game 6)

**RELEASE/ MEDICAL AUTHORIZATION**

I, the undersigned, individually and as a parent(s) and guardian of the above mentioned child, a minor, ask that he be admitted to participate in a camp at Hobart and William Smith Colleges further known as “The Colleges.” In consideration of such admission, I do hereby agree to release, discharge, and hold harmless “The Colleges,” its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving the said minor arising out of his attendance of the camp or in the course of competition and/or activities held in connection with said camp.

I also hereby consent to the parental usage of photographs, digital images, film, videotape, or audio track, tepid appearance, testimonial, written admissions, or interview of with my minor child in connection with publiciting, advertising and promotional activities containing the likeness and/or voice of said child by “The Colleges” or by successors for internal communications or other purposes, in any form, format, media or medium (including the Internet) or otherwise, now known or which may come into being in the future, if “The Colleges,” its assign or successors so desires. The undersigned further releases and discharges “The Colleges,” its successors or assigns, from any and all claims and demands, and waives and forgives any and all legal or equitable actions arising out of or in connection with the use of said media.

I hereby authorize emergency or other medical treatment for my child that may be deemed necessary by attending medical personnel while he/she is attending this camp. Insurance coverage for accidental injury of all campers is REQUIRED. "The Colleges" provides excess medical insurance only.

Health Insurance Company name: ____________________________________________ Policy #/Subscriber #: _______________________________________

**Parent Signature Required:**

Parent and/or Guardian: ___________________________________________________________________________________________

I (you) understand that: (1) No camper will be permitted to enroll until acceptable medical/insurance information is provided; (2) I am hereby waiving and releasing “The Colleges” from any and all liability for any injuries incurred by my child while attending camp; (3) I am hereby representing to “The Colleges” that I will hold adequate health insurance on my child while he is attending camp (the Colleges provide only excess medical insurance) (4) I will pay all costs incurred by the Colleges as a result of any failure by my child to respect and maintain camp facilities and/or to observe camp rules and regulations; (5) Signature by me/us of this registration form does not violate any legal agreement or order pertaining to the care and custody of my child.

Hobart and William Smith Colleges do not exclude anyone from participation in, deny anyone the benefits of, or subject anyone to discrimination or harassment in any program or activity, or in employment based on race, color, religion, sex, marital status, national origin, age, disability, veteran status, or sexual orientation.

COACH INSTRUCTION: PLEASE SEND ALL COMPLETED REGISTRATION FORMS AND PAYMENTS IN ONE PACKET TO:

Hobart College/Brine Team Challenge Lacrosse Camp
Conferences and Events, 300 Pulmonary Street, Geneva, NY 14456

**School Name:** Brien McMahon High School

**Address:** 111 School Street, Norwalk, CT 06854

**City:** Norwalk

**State:** CT

**Zip:** 06854

**Signature:** T.W. Johnson

**Date:** 6/17/2010

**E-mail:** tjohnson@hws.edu.
**MEDICATION AUTHORIZATION FORM**

**Important Information for all Overnight Campers**

- This form **must** be completed **PRIOR to camp** with the information for ANY medications AND/or over-the-counter (OTC) medications.
- All OTC medications (including 24-hour or extended release) **MUST** be either (a) prepared by a registered pharmacist under supervision by the camp's health care provider **OR** the health care provider must complete and sign the dosage information on this sheet. **This must also be signed by the parent.**
- All Campers using an EPI-Pen or asthma inhaler **MUST** inform camp medical personnel each time that these are self-administered.

### OVERNIGHT CAMPERS

1. Include full payment with the application?
2. Include the parental signatures on both sides of the application?

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**Over-the-Counter (OTC) Medication kept on hand at our Infirmary**

These items will be administered at the discretion of the Physician's Assistant or Athletic Trainer if approval is indicated by the camper's parent or guardian. **Note:** Unless we have parental authorization, we cannot administer ANY medications. Please complete the following sections to save time if your child needs any of these OTC medications during his stay.

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**Physician's Name:** ___________________________________________  **Phone:** ____________________________

Physician's Signature (needed only for prescription medications): ___________________________________________  **Date:** ____________________________

Parent's Signature (required for OTC and prescriptions): ___________________________________________  **Date:** ____________________________

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**DETACH AND RETURN WITH PAYMENT**

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**MEDICATION AUTHORIZATION FORM**