

2010 Summer of Gold Procedures for All Prescription and Non-Prescription Medicines

- All existing medical conditions that require a prescription medicine must be documented on the ISCC medical forms (both the physician's statement and the ISCC medical admin form).
- All prescriptions – including medicine's name, dose and physician's name must be listed on the medical admin form.
- Non-prescription (OTC) medicines must also be listed on ISCC medical forms or they will not be allowed. This includes things like Tylenol, Advil, etc. These forms must be signed by your physician.
- All medical forms must be submitted to ISCC two weeks prior to check in.
- All prescription and non-prescription medicines will be collected at check-in and locked in the medicine cabinet at the rink. Medicines must be in their original containers and must be labeled with the child's name, medicine's name and direction for its administration. Any unused portion of the medicine shall be returned to the parent at check-out.
- All children must be able to self-administer all medicines (topical, prescription and non-prescription) and must come to camp with administration instructions for each prescription – each one signed by the prescribing physician. One Medicine Admin Form is included in the skater's confirmation package. Additional forms may be downloaded from our website (www.isccskate.com) in the summer school section.
- Children may only self-administer medicines with documented parental and authorized prescriber's permission. Children may request assistance from staff in opening containers/packages and/or replacing lids.
- Children who will be self-medicating will be supervised by an ISCC staff member.

Please contact the Summer of Gold Managing Director with any questions. You may reach Laura Smith at 860-651-5400 ext 20 or laurasmith@isccskate.com.



Authorization for the Administration of Medication

All Medicines Must be Self-Administered By the Skater.

ISCC Staff will not administer any medication.

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. Medicines must be in their original containers and must be labeled with the child's name, medicine's name and direction for its administration. Any unused portion of the medicine shall be returned to the parent at check-out.

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 _____
Medication Name _____ Controlled Drug? Yes ___ No ___
Dosage _____ Method _____ Time of Administration _____
 Specific Instructions for Medication Administration _____
 Medication Administration: Start Date: _____ Stop Date _____
 Is this medication to be self-administered by the child? Yes ___ No ___
 Relevant Side Effects of Medication _____
 Plan of Management for Side Effects _____
 Known Food or Drug Allergies Yes ___ No ___ Reactions to ? Yes ___ No ___
Interactions with? Yes ___ No ___ Please explain _____

Prescriber's Name: _____ Phone Number _____ Prescriber's Address _____ Prescriber's Signature _____
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Parent /Guardian Name _____ Today's Date: _____ Address _____ City _____ State _____ Parent/Guardian Signature _____

Name of Camp Personnel Receiving Written Authorization: _____ Signature (in ink) _____ Title/Position _____
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Name of Camp Personnel Receiving Medication: _____ Signature (in ink) _____ Title/Position _____
