

Plast Camp – “Novyi Sokil”
2301 School Street
North Collins, NY 14111

OVER THE COUNTER MEDICATION RELEASE

Individualized orders for (camper’s name): _____
Date of birth: _____

I grant the Plast Camp “Novyi Sokil” medical staff (EMT) permission to decide if (camper’s name) _____ needs to be treated with over the counter drugs such as Advil, aspirin, etc. The over the counter drugs which have been provided for the camper include (please list all drugs provided for the camper):

The child stated above is not to be given the following due to allergic reactions or restrictions (please list all that apply):

This release is only for over the counter medications. All prescription medications are documented on the camper’s medical form.

Signature of Camper’s Parent: _____ Date: _____

Signature of Camper’s Physician: _____ Date: _____

Name of Physician: _____

Physician’s Address: _____

THIS FORM IS REQUIRED BY THE ERIE COUNTY NEW YORK HEALTH DEPARTMENT IN ORDER TO RECEIVE MEDICATION. If this form is not filled out and signed by a physician and the camper’s parent, no medication will be dispensed to the camper named above.