

**Eastern Music Camp
Over-the-Counter Medicine Authorization**

I hereby authorize Eastern Music Camp staff to disburse over-the-counter medicines to our son/daughter _____, as deemed necessary, with the exceptions as noted on the medical form, for the week of July 17-23, 2016.

(Parent/Guardian Signature)

(Date)

**Eastern Music Camp
Emergency Care Authorization**

I, _____, parent/guardian of _____, do give permission to Eastern Music Camp Staff to respond with emergency care in emergency situations, in accordance with their certification. Should an emergency situation arise that is beyond the scope of their training, authorization is given to contact Emergency Medical Services (EMS).

(Parent/Guardian Signature)

(Date)