

**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 16-22, 2017.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)