



**THE RINX SUMMER HOCKEY SCHOOL**  
TOWN OF OYSTER BAY ICE SKATING CENTER

**ADMINISTRATION OF MEDICATIONS**

(Please return to camp office with Medication)

New York State Law requires that Medications can only be given during camp hours if the Camp Nurse receives a **Note from a Doctor** stating:

1. Name of Medication
2. Time to be given
3. Received in the **original medication bottle** with the Child's Name, Medication Name, and dosage on it.
4. A request that it be dispensed at camp.

**Please Note:** *Your child may not have any medication at camp in their possession. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be fatal.*

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**To the Physician:** (Please complete the following)

1. Child's Name \_\_\_\_\_
2. Name of Medication \_\_\_\_\_
3. Times to be given \_\_\_\_\_
4. Dosage to be given \_\_\_\_\_
5. Duration of time the child is to receive the Medication \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**To the Parent:** (Please sign the following)

**I hereby give my permission for the camp nurse to administer the above medication(s) as prescribed by the above physician to my child \_\_\_\_\_.**

**Parent (Guardian) Signature \_\_\_\_\_**

**Procedure for Dropping off Medication**

1. Only the EMT/Nurse may receive medications from a parent.
2. The Camp EMT/Nurse is available in the Summer during **Camp Hours 8:45 a.m. – 4:00 p.m.**
3. All Medication must be received in the original medication bottle or container and pills must be counted upon receipt.

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(For Nurse/EMT Use Only)

Date received in Health Office \_\_\_\_\_ Quantity received in Health Office \_\_\_\_\_

Received in Marked Medication Bottle Yes / No

Received by \_\_\_\_\_  
(Nurse's Signature) (Please Print)