



253 Rock Hill Drive  
 Rock Hill, NY 12775

**OVER-THE-COUNTER AUTHORIZATION**

Please utilize this form for your child ONLY if they take over-the-counter (OTC) medications, vitamins, or supplements on a daily basis OR you would like a specific supply for your child of an OTC that they use on an as needed basis. You may fill out the form but your prescriber must sign, date and supply their provider number for the order to be valid.

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Camp Being Attended \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

MEDICATION/ VITAMIN	DOSAGE/ STRENGTH	FREQUENCY/ SCHEDULE	AILMENT TO BE TREATED/INDICATION	BRAND REQUIRED Circle Y or N	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

Physician's Name \_\_\_\_\_

NPI \_\_\_\_\_

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

Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

After enrolling online and completing the necessary information above, please fax completed forms to **845-791-1045** or email to **mountainmeds@rockhillrx.com**