Individualized Standing Orders for Over the Counter and Prescription Medications

Order for Camper: _____ _____ DOB:___ /___/____ Fall 2016 Grade____
Last Name First Name Month Day Year

Gender: __ M __ F Weight:_____

The New York State Camp Safety Advisory Council requires individualized standing orders for each camper for the camp's health care staff to follow in administering both over the counter medications and prescription medications.

For each medication listed below, please circle "YES" or "NO" to indicate whether or not you and your physician give the camp health care staff permission to administer the medication to the camper. These medications are stocked in our health care center, YOU DO NOT NEED TO SEND THEM TO CAMP.

Name of Medication	Route Please circle preferred formulation	Dosage	Schedule and Indications		
Benadryl	PO: Elixer, pill, chewable	per label instructions by age and weight	Q 4-6 hours prn for Mild to Moderate Allergic Reaction; (Insect bites, tab hives, rashes)	YES	NO
Ibuprofen	PO: elixer, pill, chewable tab	per label instructions by age and weight	Q 6 hours prn for Pain or fever > _____ º F	YES	NO
Tylenol (Acetaminophen)	PO: elixer pill, chewable tab	per label instructions by age and weight	Q 4-6 hours prn for Pain or fever > _____ º F	YES	NO
Sudafed	PO: elixer, pill, chewable tab	per label instructions by age and weight	Q 6 hours prn for Head Cold; Ear Blockage; Sinusitis, Congestion	YES	NO
Throat Lozenges	PO	1 lozenge, Not to exceed 8/day	As needed for Sore Throat	YES	NO
Robitussin Expectorant	PO: elixer	Per label instructions by age/weight	Q 4 hours prn for cough	YES	NO
Kaopectate	PO: elixer	Per label instructions by age/weight	As needed with each loose bm for simple diarrhea	YES	NO
Pepto-Bismol	PO: elixer, chewable	Per label instructions by age/weight	Q 30 min to 1 hr prn for diarrhea; nausea (no> 8 doses/24hr)	YES	NO
Mylanta	PO: elixer, chewable tab	Per label instructions by age/weight	BID-TID prn for stomach upset	YES	NO
Audo Dri	Drops	Per label instructions	As needed for Swimmer's Ear	YES	NO
Dramamine	PO chewable tabs	Per label Instructions by age/weight	Q 6-8 hrs prn for motion sickness	YES	NO

NOTE: The standard over the counter/PRN medications listed on the previous page are available in the Health Center and do not need to be sent to camp by the parent/guardian. Please list below any additional PRN medications being sent to camp by the parent/guardian *as ordered by the camper's Physician****. (Including vitamins.)***

Name of Medication	Route Preferred formulation	Dosage	Schedule and Indications	
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

Any other instructions, such as dressing changes, cast care, peak flows, etc.?

Prescription Medications

Please complete with camper's current regimen for both scheduled and PM medications. Use additional pages if needed. All medications need to be sent through CampDoc and will be kept in the Health Center (see Medication link on our website).

Medication	Reason	Route	Dosage	Schedule & Indications	Comments

By signing below, we, the camper's parent and physician, give permission for camp staff to administer the above medications as directed by the above orders.

Parent/Guardian Signature: _____ **Physician Signature:** _____

Date: _____

Parent/Guardian Name:_____
Please Print

Date: _____

Name of Camper's Physician_____

License: _____

Address: _____
Street city state zip

Phone Number: _____