## **MEDICATIONS** (for all campers and staff under 18)

Camper Name:				
prescription packagi	ing or containe	r to the Health	-the-counter) must be su Director at check-in. As I is not allowed to keep ar	
In order for our staff t your child's doctor n			· ·	ylenol on an "as needed" basis
as directed by the child'	's physician. The	child's physicia	n may also include orders	e administered by the camp staff for additional over-the-counter t for prescription medications
	Route	Dosage	Schedule	Comments
Drug Name			and Indications	
Tylenol (acetaminophen)	PO Only		Q 4hr prn :	
TUMS (calcium carbonate)	PO Only			
Advil (ibuprofen)	PO Only		Q 6-8 hrs prn:	
Benadryl (diphenhydramine)	PO Only		Q 6 hrs prn:	
Other OTC Meds Below				
Claratin	PO Only			
Zyrtec	PO Only			
	PO Only			
	PO Only			
Additional Physician (	Orders (to be imp	plemented by the	camp staff; i.e. dressing char	nges, cast care, etc.):
To Be Completed by P	Provider Only: N	ame:		Phone #
Address:				
	Date:			
Parents: you may also	elect to not have	e any over-the-co	unter medications adminis	stered to your child by placing

I choose NOT to have our physician write orders for my child. I understand that no over-the-counter medications will be administered to my child. If medications are deemed necessary, I will be contacted to make personal arrangements to do so. **PLEASE NOTE:** if your child is attending an off-site adventure trip it is <u>strongly</u> recommended that you have your physician complete the above form due to the remote nature of such trips.