



Individualized Medication Orders
STANDARD OVER-THE-COUNTER/PRN MEDICATIONS

CAMPER NAME: _____ **UNIT:** _____ **CAMP:** _____

CAMPER WEIGHT: _____ lbs. **DATE OF BIRTH:** ___/___/___

HEALTHCARE PROVIDER NAME: _____ **LICENSE #:** _____

ADDRESS: _____

HEALTHCARE PROVIDER SIGNATURE: _____ **DATE:** ___/___/___

I recognize that this is a two-page document

HEALTHCARE PROVIDER STAMP:

By order of the NYS Department of Health, this form is required for all campers under 18 years of age, and must be accompanied by a completed Annual BSA Health and Medical Record Form.

The following medications are available in the camp Health Lodge and will be administered at the discretion of the camp Medical Officer, **if approval** is ordered by the Healthcare Provider below.

Do not send these medications to camp; they are at the Health Lodge

| DRUG NAME | ROUTE <i>circle preferred formulation</i> | DOSAGE | SCHEDULE | PROVIDER ORDER <i>check one</i> | COMMENTS |
|------------------------------------|---|--------------------------------------|---|--|-----------------|
| BENADRYL (25 to 50 mg) | PO (elixir, chewable tabs, pills) | Per label instructions by age/weight | Q 6 hr prn for allergic reaction (hives, insect bite) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CEPACOL | PO (lozenges) | Per label instructions by age/weight | Q 2 hr for sore throat (no > 4 doses in 24 hr and no fever) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CHILDREN'S DIMETAPP COLD & ALLERGY | PO (elixir, tabs) | Per label instructions by age/weight | Q 6-8 hr prn for nasal congestion/drainage | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IBUPROFEN (200 to 400 mg) | PO (chewable tabs, suspension, tabs) | Per label instructions by age/weight | Q 6 hr prn for pain or fever > _____ °F | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MYLANTA | PO (chewable tabs) | Per label instructions by age/weight | TID prn for stomach upset | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CHILDREN'S PEPTO BISMOL | PO (liquid, chewable tabs) | Per label instructions by age/weight | TID prn for stomach upset (no > 4 doses in 24 hr) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ROBITUSSIN | PO (syrup) | Per label instructions by age/weight | Q 4 hr prn for cough | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

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|--------------------------|--|--------------------------------------|---|---|----------|
| TYLENOL | PO (chewable tabs, elixir, tabs) | Per label instructions by age/weight | Q 4 hr prn for pain or fever > _____ °F | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CALADRYL | Topical | Per label instructions by age/weight | as directed for itches, bites, skin irritations, rashes | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| BACITRACIN OINTMENT | Topical | Per label instructions by age/weight | as directed for minor cuts and abrasions | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TINACTIN (or equivalent) | Topical (liquid, powder) | Per label instructions by age/weight | as directed for athlete's foot, jock itch, fungal rash | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

The medications above are the **only medications** that are available in the camp Health Lodge. If additional over-the-counter medications are required, the camper's parent/guardian must make arrangements to procure and send these medications to camp with the camper's unit leader. The Healthcare Provider should list any such medications below.

SELF-PROVIDED OVER-THE-COUNTER/PRN MEDICATIONS

please strike-out this section if not needed

| | | | | | |
|--|--|--|--|---|--|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |