



CAMP RINCE NUA STANDING ORDERS

Must be signed by physician

Camper name _____ Date of Birth _____

Standard Over-the-Counter/PRN Medications

The following medications can be administered by camp medical personnel if approval is indicated by the camper's healthcare provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight, etc. Generic equivalents of name brands may also be administered; please indicate if a child has an allergy to a specific generic or name-brand drug. A doctor's order of "no" with no alternative listed alongside it means that we cannot administer that medication to your child, no matter how badly it is needed.

Drug Name			Comments	Dosage Per Label instructions by age/weight
Pseudoephedrine (Sudafed)	Yes	No		
Acetaminophen (Tylenol)	Yes	No		
Ibuprofen	Yes	No		
Ka pectate	Yes	No		
Diphenhydramine (Benadryl)	Yes	No		
Robitussin DM	Yes	No		
Mylanta/Tums	Yes	No		
Epinephrine (EpiPen)	Yes	No		
Cepacol Lozenges	Yes	No		
Chloraseptic Spray	Yes	No		
Pepto Bismol / Imodium	Yes	No		
Hydrocortisone Cream/Ointment	Yes	No		
Neosporin / Bacitracin	Yes	No		
Nix Lice Shampoo	Yes	No		
Dramamine	Yes	No		
Anbesol / Oragel	Yes	No		
Saline / Eye Wash	Yes	No		
Visine	Yes	No		
Aloe	Yes	No		

The above-named Camper has been examined and based on my findings, as indicated on the Health Form and my knowledge of the applicant, I find that he/she *can participate in an active camp program.* I

Physician's Signature _____ Date _____

CAMP RINCE NUA
STANDING ORDERS



Phone# _____