

2024**CAMP AGAPE INDIVIDUAL DOCTOR'S ORDERS***Required for all campers unless a parent or guardian will be with them at all times at camp.**Name (first and last)*

The following section **must** be completed by your child's health care provider. Changes in New York State law require that we have "Standing Orders" (permission) from each child's doctor before we can provide **any** medications. **We can accept your medical provider's form in lieu of this one** if it contains the same information.

| Drug | Route/Form | Dosage | Schedule and Indications | Health Care Provider Order | Comments |
|--|----------------------|--------------------------------------|-------------------------------------|--|-----------------|
| Ibuprofen | po/tabs | per label instructions by age/weight | q6hrs PRN for pain or fever > _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Acetaminophen | po/tabs | per label instructions by age/weight | q4hrs PRN for pain or fever > _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Neosporin (triple antibiotic ointment) | topical/ ointment | per label instructions by age/weight | PRN for scratches and cuts | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Murine | topical/ drops | per label instructions by age/weight | PRN for itchy eyes after swimming | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Benadryl | po/tabs or syrup | per label instructions by age/weight | q4hrs PRN for allergy symptoms | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Robitussin DM (Dextromethorpan/Guaifenesin) | po/syrup | per label instructions by age/weight | q4hrs PRN for cough | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Cough Drops | po/drops | per label instructions by age/weight | PRN for coughs | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Tums (calcium carbonate) | po/tabs | per label instructions by age/weight | q1hrs PRN for acid stomach | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Calamine Lotion (calamine/zinc oxide) | topical/ lotion | per label instructions by age/weight | PRN for itching from insect bites | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Icy Hot (methyl salicylate/menthol) | topical/ cream | per label instructions by age/weight | PRN for muscle aches | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Auro-DRI (isopropyl alcohol in glycerin) | topical/ drops | per label instructions by age/weight | PRN for water in ears | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

In addition to the above camp-provided, over-the-counter medications, if your child will be bringing any medications to camp with them, either prescription or over-the-counter, they **must be in their original packages** and listed below:

| Name of Medication | Dosage Schedule (# of doses per day, times of day) | Taken For / Comments |
|---------------------------|---|-----------------------------|
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All medications brought to camp, for children and adults, must be given to the camp Health Director and must be in the original packaging with the following information on it: name of medication, name of person to receive the medication, name of physician (for prescriptions only), directions for dispensing, and expiration date.

| Doctor's Name (please print)) | Phone Number | Doctor's Signature | By (if signed by staff member) | Date Signed |
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