

2026**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

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