



OTC MEDICATION FORM

Requirements for Administration of Medications

Under New York law we are only allowed to give campers medications under their doctor's orders.

Prescription Medications

If you wish to send prescription medicine to camp it should be sent in the **original packaging** with a separate note from the doctor with his/her orders. If possible we prefer that these not be sent in the first day. Just drop them off in advance, possibly at our weekend pool club prior to camp, or send them by U.P.S. or U.S. Postal Service with a return receipt requested. **Please do not send in expired medication as we cannot administer medication that has expired.**

Over The Counter Medications

Deerkill has common over the counter medications at camp, but these can only be given with both your permission and the permission of your doctor. We would, of course, try to call you before giving any of these medications.

The back of this page has a comprehensive form that should be filled in by you and your doctor if you want us to give your child over the counter medication. Please fill it in and send it to us.



OTC MEDICATION FORM

Physician & Parent Complete and Sign

CAMPER'S NAME: _____ **CAMPER'S WEIGHT** (FOR PROPER DOSAGE): _____

PARENT'S SIGNATURE: _____ **Date:** _____

☐ **DO NOT ADMINISTER ANY OF THE OTC MEDICATIONS LISTED BELOW TO MY CHILD**
(PLEASE SIGN ABOVE)

I _____ (PHYSICIAN'S NAME) authorize the following over the counter medications to be given to my patient if necessary.

PHYSICIAN'S SIGNATURE: _____ **Date:** _____

Headaches / Temperature / Fever

- ☐ Acetaminophen (Generic Tylenol) Dose: _____
- ☐ Ibuprofen (Generic Advil) Dose: _____
- ☐ Other Dose: _____

Stomachache / Vomiting

- ☐ Pepto Bismol Dose (child) _____
- ☐ Chewable Antacid Dose: _____
- ☐ Immodium Dose: _____
- ☐ Other Dose: _____

Feminine Cramps

- ☐ Pamprin Dose: _____
- ☐ Acetaminophen (Generic Tylenol) Dose: _____
- ☐ Ibuprofen (Generic Advil) Dose: _____
- ☐ Aleve Dose: _____
- ☐ Other Dose: _____

Allergies/ Insect Bites

- ☐ Hydrocortisone Dose: _____
- ☐ Chewable Diphenhydramine Dose: _____
- ☐ Diphenhydramine Liquid Dose: _____
- ☐ Diphenhydramine Spray/Gel: _____
- ☐ Diphenhydramine Tablets Dose: _____
- ☐ Bee Sting Swabs/Wipes
- ☐ Other Dose: _____

Coughs & Colds (age 6 and over)

- ☐ Sudafed Dose: _____
- ☐ Cough Drops
- ☐ Throat Spray
- ☐ Dimetapp Dose: _____
- ☐ Triaminic Dose: _____
- ☐ Other Dose: _____

Skin Rash/Poison Ivy

- ☐ Calamine Lotion: _____
- ☐ Technu: _____
- ☐ Other Dose: _____

Muscular Pain

- ☐ Acetaminophen (Generic Tylenol) Dose: _____
- ☐ Ibuprofen (Generic Advil) Dose: _____
- ☐ Mineral Ice
- ☐ BIO-Freeze
- ☐ Ben Gay

Fungal (foot)

- ☐ Tinactin Spray
- ☐ Lotrimin Cream
- ☐ Other: _____

Minor Abrasions

- ☐ Bacitracin
- ☐ Neosporin
- ☐ Hydrogen Peroxide
- ☐ Other Dose: _____

Comments:

Reviewed by: _____

(Camp Nurse/Administrator)