



## 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: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (Camp Nurse/Administrator)

<p><b><u>Headaches / Temperature / Fever</u></b></p> <p><input type="checkbox"/> Acetaminophen (Generic Tylenol) Dose: _____</p> <p><input type="checkbox"/> Ibuprofen (Generic Advil) Dose: _____</p> <p><input type="checkbox"/> Other Dose: _____</p>	<p><b><u>Coughs &amp; Colds (age 6 and over)</u></b></p> <p><input type="checkbox"/> Sudafed Dose: _____</p> <p><input type="checkbox"/> Cough Drops</p> <p><input type="checkbox"/> Throat Spray</p> <p><input type="checkbox"/> Dimetapp Dose: _____</p> <p><input type="checkbox"/> Triaminic Dose: _____</p> <p><input type="checkbox"/> Other Dose: _____</p>
<p><b><u>Stomachache / Vomiting</u></b></p> <p><input type="checkbox"/> Pepto Bismol Dose (child) _____</p> <p><input type="checkbox"/> Chewable Antacid Dose: _____</p> <p><input type="checkbox"/> Immodium Dose: _____</p> <p><input type="checkbox"/> Other Dose: _____</p>	<p><b><u>Skin Rash/Poison Ivy</u></b></p> <p><input type="checkbox"/> Calamine Lotion: _____</p> <p><input type="checkbox"/> Technu: _____</p> <p><input type="checkbox"/> Other Dose: _____</p>
<p><b><u>Feminine Cramps</u></b></p> <p><input type="checkbox"/> Pamprin Dose: _____</p> <p><input type="checkbox"/> Acetaminophen (Generic Tylenol) Dose: _____</p> <p><input type="checkbox"/> Ibuprofen (Generic Advil) Dose: _____</p> <p><input type="checkbox"/> Aleve Dose: _____</p> <p><input type="checkbox"/> Other Dose: _____</p>	<p><b><u>Muscular Pain</u></b></p> <p><input type="checkbox"/> Acetaminophen (Generic Tylenol) Dose: _____</p> <p><input type="checkbox"/> Ibuprofen (Generic Advil) Dose: _____</p> <p><input type="checkbox"/> Mineral Ice</p> <p><input type="checkbox"/> BIO-Freeze</p> <p><input type="checkbox"/> Ben Gay</p>
<p><b><u>Allergies/ Insect Bites</u></b></p> <p><input type="checkbox"/> Hydrocortisone Dose: _____</p> <p><input type="checkbox"/> Chewable Diphenhydramine Dose: _____</p> <p><input type="checkbox"/> Diphenhydramine Liquid Dose: _____</p> <p><input type="checkbox"/> Diphenhydramine Spray/Gel: _____</p> <p><input type="checkbox"/> Diphenhydramine Tablets Dose: _____</p> <p><input type="checkbox"/> Bee Sting Swabs/Wipes</p> <p><input type="checkbox"/> Other Dose: _____</p>	<p><b><u>Fungal (foot)</u></b></p> <p><input type="checkbox"/> Tinactin Spray</p> <p><input type="checkbox"/> Lotrimin Cream</p> <p><input type="checkbox"/> Other: _____</p>

<p><b><u>Minor Abrasions</u></b></p> <p><input type="checkbox"/> Bacitracin</p> <p><input type="checkbox"/> Neosporin</p>	<p><input type="checkbox"/> Hydrogen Peroxide</p> <p><input type="checkbox"/> Other: _____</p>
---	--

Comments:

---

---