# 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 by checking off each box (see example below) for medication you and your physician approve for administration by the camp.**



# OTC MEDICATION FORM

***BOTH Physician & Parent*** Must Sign For OTC Administration

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

**PARENT'S SIGNATURE (*REQUIRED*):** _____ Date: _____

❑ **DO NOT ADMINISTER ANY OF THE OTC MEDICATIONS LISTED BELOW TO MY CHILD**
*(By checking this box, you are declining administration of ANY creams and lotions other than sunscreen)*

I _____(**PHYSICIAN'S NAME**) authorize the following over the counter medications to be given to my patient if necessary. **Please indicate with check: √**

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

**Headaches / Temperature / Fever**
- ❑ Acetominophen (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: _____
- ❑ Acetominophen (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**
- ❑ Acetominophen (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)