

# PINE BUSH BIBLE CAMP Medication form (to be completed by MD)

**Individualized orders for:** Name \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Standard Over the Counter/PRN Medications** (The following medications are available in the health center and will be administered at the discretion of an RN, if approval is indicated by the camper's healthcare provider):

Medications	Route	Dosage	Schedule and Indications	Camper Health Care Provider order	Comments
Acetaminophen (Tylenol)	PO (chewable tabs, elixir or tabs)	Per label instructions by age/weight	Q 4 hr for pain or fever	Yes No	
Ibuprofen (Advil, Motrin)	PO (chewable tabs, suspension or tabs)	Per label instructions by age/weight	Q 6 hr for pain or Fever	Yes No	
Robitussin or Robitussin DM (guaifensin/Dextromethorphan Hbr)	PO (syrup)	Per label instructions by age/weight	Q 4 hr PRN for cough	Yes No	
Bismuth (Pepto-Bismol)	PO (liquid or chewable tabs)	Per label instructions by age/weight	Q 30 min to 1 hr PRN for diarrhea, nausea (no > 8 doses/24 hr)	Yes No	
Children's Mylanta	PO (liquid or chewable tabs)	Per label instructions by age/weight	BID-TID PRN stomach upset	Yes No	
Diphenhydramine Hydrochloride (Benadryl)	PO (elixir, chewable tabs or pills)	Per label instructions by age/weight	Q 6 hr PRN for allergic reaction (hives, insect bite)	Yes No	
Pseudoephedrine HCL (Sudafed)	PO (elixir or pills)	Per label instructions by age/weight	Q 4 hr PRN for nasal congestion/drainage	Yes No	
Loperamide HCL (Immodium)	PO (liquid or pills or chewable tabs)	Per label instructions by age/weight	Q 6-8 hours for diarrhea	Yes No	
Midol	PO (caplets or gel caps)	Per label	Menstrual cramps or bloating	Yes No	
Lotrimin/Tolfanate	Cream/spray	Per label	Rash/athletes foot	Yes No	
Hydrocortisone	Cream	Per label	Rash, bug bites	Yes No	
Antibiotic Ointment	Cream	Per label	Cuts	Yes No	
Diphenhydramine Hcl (Benadryl)	Cream/gel	Per label	Bug bites	Yes No	
Calamine	Lotion/spray	Per label	Bug bites/rashes	Yes No	
Anbesol	Liquid	Per label	Toothache	Yes No	
Lice Shampoo	Liquid	Per label	Lice	Yes No	
Iodine	Liquid	Per label	Cleanse abrasions	Yes No	
Sting Kill Swabs	Swab/pad	Per label	Bee/Wasp stings	Yes No	
Visine	Drops	Per label	Red itchy eyes	Yes No	
Cough drops	Lozenges	Per label	Sore throat/cough	Yes No	
Phenol (Sore throat spray, Chloraseptic)	Spray	Per label	Sore throat/canker sore	Yes No	

Prescription/ Additional OTC Medications (Please list the patient's current regimen for **BOTH SCHEDULED AND PRN** medications- attach a separate paper if needed)

Additional Orders (as deemed necessary by health care provider to be implemented by an RN; i.e. peak flow, dressing changes, cast care, etc.)

**Please attach a copy of the camper's immunization record.**

Camper's Health Care Provider Name (please print): \_\_\_\_\_

Phone number: \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_