

STANDING ORDERS

NAME OF PARTICIPANT _____

DATE OF BIRTH _____ PROGRAM(S) _____

The sections below **MUST** be completed by a licensed **PHYSICIAN** and is **REQUIRED** for participant **ATTENDANCE**.
This Standing Orders form must be completed each year.

Attention Physician: The following non-prescription/over-the-counter medications may be stocked in the camp infirmary/health center. Administration of these medications is "per label directions" unless otherwise noted. Generic drugs may be used in place of name brands. Please check "yes" for medications the Site Medical Staff is allowed to administer to the participant, as needed.

- YES NO Acetaminophen (discomfort/fever, headache, pain relief)
- YES NO Ibuprofen (discomfort/fever, menstrual cramps, headache, muscle aches)
- YES NO Hydrogen Peroxide/Antiseptic Solution (topical, wound cleaning)
- YES NO Bacitracin/Neomycin/Polymyxin (topical, antibiotic ointment)
- YES NO Calamine Lotion (topical, skin irritation)
- YES NO Hydrocortisone Cream (topical, skin irritation)
- YES NO Maximum Strength Calamine Cream (topical, skin irritation)
- YES NO Benzocaine-Menthol Lozenges (throat irritation, cough)
- YES NO Phenol Oropharyngeal (throat irritation)
- YES NO Dextromethorphan or Guaifenesin (cough suppressant, cough expectorant)
- YES NO Tetrahydrozoline Hydrochloride HCl (eye irritation)
- YES NO Diphenhydramine (topical for skin irritation, oral for allergies/allergy, cold symptoms)
- YES NO Cetirizine (allergies/allergy symptoms)
- YES NO Loratadine (allergies/allergy symptoms)
- YES NO Pseudoephedrine (allergies/allergy symptoms, sinus, cold symptoms)
- YES NO Loperamide (diarrhea, cramps, bloating)
- YES NO Simethicone (heartburn, acid indigestion, sour stomach, gas)
- YES NO Calcium Carbonate (heartburn, sour stomach, acid indigestion, upset stomach)
- YES NO Bismuth Subsalicylate (nausea, heartburn, indigestion, upset stomach, diarrhea)
- YES NO Magnesium hydroxide (constipation)
- YES NO Menthol cough drops (throat irritation)
- YES NO Lice shampoo or cream (for treatment of lice)
- YES NO Sunscreen (to prevent overexposure to the sun; must be FDA approved)
- YES NO Bug repellent (to prevent excessive exposure to bugs and ticks; must be FDA approved)

ALL PRESCRIPTION AND ANY ADDITIONAL OVER-THE-COUNTER MEDICATIONS *(attach additional sheets as necessary)*

Name of Medication	Dosage	Route (How it is given)	Schedule (When it is given)	Reason for taking it/ Comments directed by MD
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Mid-day Meal <input type="checkbox"/> Evening Meal <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Mid-day Meal <input type="checkbox"/> Evening Meal <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Mid-day Meal <input type="checkbox"/> Evening Meal <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:	

*** MEDICATIONS MUST BE IN ORIGINAL CONTAINERS ***

A PHYSICIAN and a PARENT/GUARDIAN SIGNATURE are required by New York State Department of Health in order to allow the Site Medical Staff to administer ANY and ALL medications checked "YES"

Date of Standing Orders _____	Phone _____	License # _____
Signature of PHYSICIAN _____		
Printed name _____		

Signature of custodial parent/guardian OR adult participant _____
 Printed Name _____ Date _____

Please return all forms—to the site you will be attending first—at least three (3) weeks prior to arrival at camp. This form can be faxed to : 800-627-0052
 A late fee of \$15 will be charged for health forms that are not received at least five (5) days prior to arrival.