

Camp Tri-Mount / Day Camp

INDIVIDUALIZED ORDERS for: Name _____ Unit # _____

DOB: _____ Weight: _____ Week of Camp _____ Campsite _____

To Physicians: We know how valuable your time is and know that you also appreciate the increasing complexities we are facing at camp in dealing with camper's medical needs. We would appreciate your filling out this form to facilitate the treatment of our camper who is your patient. Please indicate the medications you would want (or not want) dispensed by our medical staff to the camper if needed. Please complete in the spaces provided for all medications the camper will bring to camp including prescriptions and over the counter medications. Thank you for helping us with the completion of this form.

Drug Name	Route	Dosage	Schedule And Indications	Health Care provider order	Comments
Tylenol		Per label instructions by age-weight	Q 4 hr prn for pain or fever > ?F	Yes No	
Ibuprofen		Per label instructions by age-weight	Q 6 hr prn for pain or fever > ?F	Yes No	
Pepto-Bismol		Per label instructions by age-weight	Q 30 min to 1 hr prn for diarrhea (no>8 doses/24 hr)	Yes No	
Benadryl		Per label instructions by age-weight	Q 4-6 hr prn for temporarily allergic reactions	Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

Prescription Medications (Please complete with patient's current regimen for both scheduled and prn medications. Use 2nd page if needed)

Drug Name	Route	Dosage	Schedule And Indications	Health Care provider order	Comments
				Yes No	
				Yes No	
				Yes No	
				Yes No	

Camper's Health Care Provider Name: _____ Phone # _____

Signature: _____ Date: _____

Parents Note: Any medications (prescription or over the counter) your child brings to camp must be given to the camp health care staff at registration and must be in the original packaging with the following information on it: Name of medication Name of person to receive the medication Expiration date Name of Physician (for prescription medications only) Directions for dispensing. Please place all medications for a given camper in a zip lock type bag with the camper's Name and Unit number on the bag.

Signature of parent or guardian _____ Date: _____