Standing Orders

Summer of 2011

P.O. Box 34
Merrick, NY 11566
516-620-4300
Fax 516-620-4329

The camper's physician must complete both sides of this form if you wish us to be able to administer any of the following over-the-counter medications. Please return to the camp office by April 15th.

Parents, please read: Your child's physician must complete both sides of this form by checking "yes" or "no" on each line and signing at the bottom. By New York state law, we cannot administer over-the-counter medications unless both this form and the Physician's Report are properly completed and signed by your camper's physician. A doctor's order of "no" with no alternative listed alongside it means that we cannot administer that medication to your child, no matter how badly it is needed, so please ask your doctor to take the time to complete this form thoroughly. If necessary, you can complete the form and ask your doctor to verify and sign off on it, but we must have this permission from your child's doctor in order to administer over-the-counter medications.

Child's name .... Date of Birth....................

Standing Orders for Administration of Over-The-Counter Medication to Child

Standard Over-the-Counter/PRN Medications

The following medications can be administered by camp medical personnel if approval is indicated by the camper's healthcare provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight, etc. Generic equivalents of name brands may also be administered; please indicate if a child has an allergy to a specific generic or name-brand drug.

Drug Name	Doctor's Order	Special Instructions for Administration or Alternate Medication
Aleve	❑ Yes ❑ No	
Ibuprofen	❑ Yes ❑ No	
Midol	❑ Yes ❑ No	
Tylenol	❑ Yes ❑ No	
Chloraseptic Spray	❑ Yes ❑ No	
Mylanta / Tums	❑ Yes ❑ No	
Pepto Bismol / Immodium	❑ Yes ❑ No	
Benadryl	❑ Yes ❑ No	

Please complete both pages of this form.

Office Use Only. Please do not place any marks inside this box.

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Child's Name ....

Standard Over-the-Counter/PRN Medications (continued)

Drug Name	Doctor's Order	Special Instructions for Administration or Alternate Medication
Hydrocortisone Cream/Ointment	❑ Yes ❑ No	
Neosporin / Bacitracin	❑ Yes ❑ No	
Dramamine	❑ Yes ❑ No	
Anbesol / Oragel	❑ Yes ❑ No	
Saline / Eye Wash	❑ Yes ❑ No	
Aloe	❑ Yes ❑ No	

Licensed Physician's Signature...

Physician's Printed Name...

Physician's Address .... Phone ....

Street *City, State, Zip* *Area Code/Number*

Date of Form Completion .... *By...

**Initial if completed by nurse or physician's assistant.*

Additional forms are available at http://ColemanCountry.com/forms/