

2010 INDIVIDUAL DOCTORS STANDING ORDERS FOR LONG LAKE CAMP.

CAMPERS NAME...../SESSION.....

**DOCTORS and PARENTS: PLEASE SIGN OR STAMP BELOW IF YOU ARE OK WITH EVERYTHING.**

Below are the over the counter medications we hold in our infirmary that can be dispensed by our registered nurses if **BOTH** the campers **DOCTOR** and **PARENT/S** sign this form and return to us no later that June 1<sup>ST</sup> or the first day of camp. The medications shall be administered by registered nurses per these standing orders and the dosage/ uses information as on the medications instructions. The nurses will check this form first to make sure the camper has specific authorization to be giving the medication and will ask the camper if they are allergic to the medication. **If you disagree with administering a medication cross through the ✓ and give reason.**

**IMPORTANT: NO MEDICATIONS WILL BE ADMINISTERED WITHOUT THIS FORM.**

	CONDITION	OTC MEDICINE	LEAVE BLANK IF YOU AGREE TO MEDS CROSS THROUGH ✓ IF YOU DISAGREE.			
			PARENT		DOCTOR	
S Y S T E M I C	ALLERGIES	BENADRYL	✓		✓	
	RUNNY NOSE	BENADRYL	✓		✓	
	STUFFY NOSE	SUDAFED	✓		✓	
	SORE THROAT	HALLS,SUCRETS, CHLORASEPTIC	✓		✓	
	COUGH	HALLS LOZENGES /ROBITUSSIN	✓		✓	
	FEVER/PAIN	TYLENOL	✓		✓	
	MENSTRUAL PAIN	ADVIL OR MIDOL	✓		✓	
	HEARTBURN/INDEGSTION	TUMS OR PEPTO BISMOL	✓		✓	
	CONSTIPATION	MILK OF MAGNESIA	✓		✓	
	HEADACHE	IBRUPROPHEN	✓		✓	
	ALLERGY RELIEF	CLARINEX FOR CHILDREN 12+	✓		✓	
	VITAMINS	AS SUPPLIED BY PARENTS	✓		✓	
	DIARRHEA	IMODIUM AD	✓		✓	
	TAKEN WITH ANTIBIOTICS	ACCIDOPHILUS	✓		✓	
	COLD SORES	ABREVA	✓		✓	
T O P I C A L	MOUTH SORES	ORAJEL	✓		✓	
	MINOR WOUNDS	HYDROGEN PEROXIDE, BETADINE, BACITRACIN, TRIPLE ANTIBIOTIC	✓		✓	
	ITCHY SKIN IRRITATION	CALAMINE LOTION, HYDROCORTISONE OINTMENT, SOLARCAINE	✓		✓	
	ATHLETE'S FOOT	LAMISIL AT	✓		✓	
	SUNBURN	SOLARCAINE OR ALOE VERA	✓		✓	
	MOTION SICKNESS	DRAMAMINE	✓		✓	
	SUN BLOCK	ANY OTC FACTOR 15 HIGHER	✓		✓	

DR'S STAMP BELOW

OK WITH ME _____ (PARENTS SIGNATURE) (date)	_____ (Doctor name and Title Printed) (date)
OK WITH ME _____ (Doctors Signature)	_____ Address
_____ in _____	_____ City, State Zip
License/ Certificate number _____ State _____	_____ (Telephone Number)
longlakecamp.com FAX. (BEFORE JUNE 16 <sup>TH</sup> ) 914 693 7684,	FAX (AFTER JUNE 16 <sup>TH</sup> ) 518 624 6003