

**Sandor Sik Hungarian Scout Camp
Health Services**
10993 County Road 15, Fillmore, NY, 14735



**Sík Sándor Külföldi Magyar Cserkész
Tábor Egészségügyi Szolgálat**
Telephone: (585) 567-8594

Camper Medications Order Form

Name _____	Date _____
	SubCamp _____

As of 2008, New York State regulations require a physician signed medication order for all children participating at a children's camp. The order is to cover both existing prescription medications and the case that over the counter medications may be needed by the participating camper. Please have the camper's physician fill this form out completely. Please use the back of the form if more space is required.

It must be signed by the physician.

Medication Name	Route	Dosage	Schedule and Indications	Comments
Prescription Medication(s) listed will be construed as an order to the Camp Health Services personnel to administer under supervision as directed.				
OTC medications A check mark (√) under comments or written instructions there will be construed as an order to the Camp Health Services personnel to administer under supervision as directed.				
Tylenol	PO	Per label instruction by age/weight	Q4H prn pain or fever	
Ibuprofen	PO	Per label instruction by age/weight	Q4H prn pain or fever	
Robitussin	PO	Per label instruction by age/weight	Q4H prn cough	
Benadryl	PO	Per label instruction by age/weight	Q6H prn allergic reaction	
Dimetapp	PO	Per label instruction by age/weight	Q6-8H prn nasal congestion	
Dramamine	PO	Per label instruction by age/weight	Q6-8H prn motion sickness	
PeptoBismol	PO	Per label instruction by age/weight	Q30 min -1H no > 8doses/24H	
Name Other	PO	Per label instruction by age/weight		

Physician	
Name : _____	Signature: _____
Address: _____	
Telephone: _____	Fax: _____