

Madison County Children's Camp/Camp Lookout Individualized Medication Orders

Camper Name _____

Date of Birth _____ Weight _____

Standard over the Counter/PRN (as needed) Medications:

The following medications are available in the camp infirmary and will be administered at the discretion of the camp nurse, if approved as indicated by the camper's health care provider. Dosages are dependent upon age/weight.

Drug Name	Camper Health Care Provider Order	Comments
Ambesol/Oragel	Yes No	
Antacid	Yes No	
Anti Diarrhea	Yes No	
Antibiotic Cream	Yes No	
Anti-Itch Cream	Yes No	
Benadryl	Yes No	
CoughDrops/Syrup	Yes No	
Ibuprofen	Yes No	
Lotrisone	Yes No	
Midol	Yes No	
Milk of Magnesia	Yes No	
Pepto Bismol	Yes No	
Quell/Nix	Yes No	
Sudafed	Yes No	
Sunscreen	Yes No	
Tylenol	Yes No	

Prescription Medications

Please complete with patient's current regimen for both scheduled and PRN (as needed) medications. Be sure prescription bottle is labeled as delivered.

Drug	Route (how taken)	Dosage	Schedule and Indications	Comments

Camper Health Care Provider: _____

Address: _____

License Number: _____

Phone Number: _____

Date: _____

Signature of Health Care Provider: _____