

Camp Northstar
Individualized Standing Orders
Medication Information & Release

Name of Camper: _____ DOB: _____ Weight: _____

To Physicians: We know how valuable your time is and know that you also appreciate the increasing complexities we face at camp in dealing with campers' medical needs. We would appreciate you filling out this form to facilitate the treatment of our camper who is your patient. Below is a list of medications used in the infirmary for which we have standing orders from our local physician. Please indicate the medication you would want (or not want) our medical staff to dispense if needed. Please use the additional medication form for any medication; prescription or OTC that the camper will be bringing to camp. Thank you for your cooperation in completing this form.

DRUG NAME	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	ORDERS YES	ORDERS NO	COMMENTS
Tylenol		Per label for age & weight	Q 4hr prn for pain or fever	Yes	No	
Ibuprofen		Per label for age & weight	Q 6hr prn for pain or fever	Yes	No	
Robitussin		Per label for age & weight	Q 4hr prn for cough	Yes	No	
Pepto-Bismol		Per label for age & weight	Q 30min t0 1hr prn for diarrhea (no >8 dosage/24hr)	Yes	No	
Mylanta		Per label for age & weight	BID prn for stomach upset	Yes	No	
Dimetapp		Per label for age & weight	Q6-8hr prn for nasal congestion	Yes	No	
Neosporin cream		Per label for age & weight	PRN for treating minor cuts& scrapes	Yes	No	
Bacetracin		Per label for age & weight	PRN for treating minor cuts/scrapes	Yes	No	
Benadryl cream		Per label for age & weight	PRN for minor skin irritations insect bites	Yes	No	

Signature Physician/Health Care Providers: _____

Printed Name: _____ Date: _____