

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.

**ANY OTC MEDICATION SENT TO CAMP NOT ON THE LIST MUST HAVE A PRESCRIPTION  
DO NOT SEND ANY EXPIRED MEDICATIONS TO CAMP**

DRUG NAME	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	ORDERS YES	ORDERS NO	COMMENTS
Acetaminophen		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	
Dextromethorphan		Per label for age & weight	Q 4hr prn for cough	Yes	No	
Pepto- Bismol		Per label for age & weight	Q 30min 1hr prn for diarrhea	Yes	No	
Mylanta		Per label for age & weight	BID prn for stomach upset	Yes	No	
Chewable Antacids		Per label for age & weight	BID prn for stomach upset	Yes	No	
Neosporin cream		Per label for age & weight	PRN for treating minor cuts& scrapes	Yes	No	
Bacitracin		Per label for age & weight	PRN for treating minor cuts/scrapes	Yes	No	
Anti-itch cream		Per label for age & weight	PRN for minor skin irritations insect bites	Yes	No	

Signature Physician/Health Care Providers: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_