

Youth Camp Medical Form 2

(This form must be completed for you child to receive any or all medications including prescriptions)

Please have the camper's doctor, physician's assistant or nurse practitioner review this form and indicate agreement /disagreement with each listed over-the-counter medication and sign at the bottom.

Blank spaces are provided for any prescription medications the camper will take at camp.

Our health and safety staff cannot administer medications without the appropriate signature. This form must be completed for your child to receive any or all medications including prescriptions.

Individualized orders for _____

Date of birth _____ Weight _____

Camper's health care provider name _____

Drug Name	Schedule/Indications (Per Label)	Health Care Provider Order	Additional Comments
Tylenol	Pain or Fever	Yes No	
Ibuprofen	Pain or Fever	Yes No	
Robitussin	Cough	Yes No	
Pepto Bismal	Diarrhea	Yes No	
Children's Mylanta	Upset Stomach	Yes No	
Dimetapp	Nasal Congestion	Yes No	
Benadryl	Allergic Reaction	Yes No	

Health care provider signature: _____

Date _____ Phone # _____

License # _____