



OVER THE COUNTER FORM

Lamoka Baptist Camp
3646 E Lamoka Lake Rd. Tyrone NY 14887
(607) 463-0324
Version 2020B

Please use this form or one that the Doctor provides for any over the counter OR prescription medications.
Stock OTC: Tylenol, Benadryl, Motrin, Robitussin, Dimetapp, Cold & Allergy, Tums, Cough Drops, Caladryl, Bacitracin Ointment
NO MEDICATIONS or MEDICINE will be administered without a completed and signed Doctor's Order.

(Name of Camper) (Date of Birth) (Current Year)

1

_____ (Medication)	_____ (Dosage)	_____ (Route)	_____ (Frequency)
_____ (Diagnosis & Intended Effect)			
_____ (Possible Side Effects)			_____ (Date Order is Effective)

2

_____ (Medication)	_____ (Dosage)	_____ (Route)	_____ (Frequency)
_____ (Diagnosis & Intended Effect)			
_____ (Possible Side Effects)			_____ (Date Order is Effective)

3

_____ (Medication)	_____ (Dosage)	_____ (Route)	_____ (Frequency)
_____ (Diagnosis & Intended Effect)			
_____ (Possible Side Effects)			_____ (Date Order is Effective)

3

_____ (Medication)	_____ (Dosage)	_____ (Route)	_____ (Frequency)
_____ (Diagnosis & Intended Effect)			
_____ (Possible Side Effects)			_____ (Date Order is Effective)

(Health Care Provider's Name) (Health Care Provider's Signature) (Date)

(Phone #) (License #)