

# MEDICATION/OTC FORM

Lamoka Baptist Camp  
3646 E Lamoka Lake Rd. Tyrone NY 14887  
(607) 463-0324  
Version 2025A



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. While we still need a dr. order for the Stock OTC medicines above, you DO NOT need to bring any with you, since we have it in stock all Summer, **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)

\_\_\_\_\_  
(When: Breakfast, Lunch, Dinner, Bedtime, etc)

\_\_\_\_\_  
(Diagnosis & Intended Effect)

\_\_\_\_\_  
(Possible Side Effects)

\_\_\_\_\_  
(Date Order is Effective)

2

\_\_\_\_\_  
(Medication)

\_\_\_\_\_  
(Dosage)

\_\_\_\_\_  
(Route)

\_\_\_\_\_  
(Frequency)

\_\_\_\_\_  
(When: Breakfast, Lunch, Dinner, Bedtime, etc)

\_\_\_\_\_  
(Diagnosis & Intended Effect)

\_\_\_\_\_  
(Possible Side Effects)

\_\_\_\_\_  
(Date Order is Effective)

3

\_\_\_\_\_  
(Medication)

\_\_\_\_\_  
(Dosage)

\_\_\_\_\_  
(Route)

\_\_\_\_\_  
(Frequency)

\_\_\_\_\_  
(When: Breakfast, Lunch, Dinner, Bedtime, etc)

\_\_\_\_\_  
(Diagnosis & Intended Effect)

\_\_\_\_\_  
(Possible Side Effects)

\_\_\_\_\_  
(Date Order is Effective)

\_\_\_\_\_  
(Health Care Provider's Name)

\_\_\_\_\_  
(Health Care Provider's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(License #)