



Physician Personalized Standing Orders

Camper Name _____ Camper's Weight _____

Check here if ok for all meds (Generic brands may be substituted for all drugs listed)

MD Initials/Mark authorizing order comments	Drug Name	Route (circle choice)	Dosage	Schedule and Indication
	Tums	PO Chewables	prn	For nausea
	Burn Spray ("FirstAidOnly"™ Brand)	Topical	light spray prn	For pain relief of abrasions and sunburn
	Hydrocortisone 1%	Topical	prn	For bug bites and skin irritations
	Ivarest Ointment	Topical	prn	For bug bite reactions
	Benadryl	PO	per age, weight and pkg. directions	For hay fever, hives, allergic reactions, and "Duck Itch"
	Tylenol	PO Pill Liquid	per age, weight, and pkg. directions	For fever or pain
	Ibuprofen	PO	per age, weight, and pkg. directions	For fever or pain
	Albuterol	Inhaled	2 puffs repeated x 1	For sudden asthma attacks
	Epi-Pens (anaphylactic-shock)	IM Thigh	Adult Pen over 66# Junior Pen under 66#	Epi-Pen Jr. formula (0.01mg/kg) May be repeated x 1 while waiting for ambulance

MD Prescription Drug	Route	Dose	Schedule should relate to child's meals & bedtime (camp schedule may not relate to school day schedule)

Parents/Guardians Please Read Statement Below

I have reviewed the above special orders, the immunization record and the medication orders, and agree to their accuracy, and for the Fowler Camp & Retreat Center Staff to administer these orders.

Parent or Guardian _____ Date _____

MD Signature _____ Date Signed _____

Print MD Name _____ Fax this form to 518-374-4996

MD Phone Number _____ **(After June 15 fax to 518-548-8416)**