



# STANDING MEDICATION ORDERS

The following is a copy of our standing orders for over-the-counter medications. These medications are given as needed to treat symptoms of illness or aches. Please read through and sign at the end if you give Permission for these medications to be given to \_\_\_\_\_ . We *will not* give any over-the-counter medication without this form on file. Camper's Name

## ORAL MEDICATIONS

<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Acetaminophen 500mg:</b> For relief of headache, sore throat, pain, or fever. <b>Children 12 years of age and older:</b> One-two caplets every 4-6 hours prn
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Acetaminophen 325 mg:</b> For relief of headache, sore throat, pain, or fever. <b>Children (6-11):</b> ½ to 1 tablet every 4-6 hours prn
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Children's Liquid Tylenol (160mg/5ml):</b> For relief of headache, sore throat, pain, or fever. <b>Children (6-8)</b> 2 tsp. every 4 hours prn. <b>Children (9-10)</b> 2 ½ tsp. Every 4 hours prn. <b>Children (11)</b> 3 tsp. every four hours prn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Acetaminophen Jr. Chewable Tablets 160mg:</b> Every four hours as needed for headache, sore throat, pain or fever. <b>Children (6-8)</b> 2 tablets, <b>Children (9-10)</b> 2 ½ tablets, <b>Children (11)</b> 3 tablets, <b>Children (12 years)</b> 4 tablets.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Ibuprofen 200mg:</b> <b>Children 12 years of age and older:</b> One to two tablets every 4-6 hours for pain or menstrual cramps. (Do not exceed 6 tablets in 24 hours)
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Children's Ibuprofen 100mg/5ml:</b> For relief of fever, minor aches and pains. Dosage: <b>Children 6-8years</b> 2 tsp., <b>9-10 years:</b> 2½ tsp., <b>11 years:</b> 3 tsp. Dose may be repeated every 6-8 hours prn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Tussin DM Cough Formula:</b> For relief of coughs and chest congestion. <b>Children 12 years and older:</b> 2 tsp. every 4 hours prn. <b>Children 6-12 years:</b> 1 tsp. every 4 hours prn. <b>Children under 6:</b> ½ tsp every 4 hours prn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Sore Throat Spray:</b> For relief of sore mouth, sore throat pain, and canker sores. <b>Children 12 years and older:</b> Spray 5 times on affected area. <b>Children under 12 years:</b> Spray 3 times.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Children's Dimetapp Cold and Allergy:</b> for relief of nasal congestion, sneezing, runny nose, itchy, watery eyes. <b>Children 12 years and older:</b> 4 tsp. every 4 hours prn, <b>Children 6-12 years:</b> 2 tsp. every four hours prn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Suphedrine 30mg:</b> For relief of nasal congestion. <b>Children 12 years and older:</b> 2 tablets every 4-6 hours prn. <b>Children 6-12 years:</b> 1 tablet every 4-6 hours prn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Benadryl 25 mg:</b> For relief of runny nose, sneezing, itching of the nose or throat, and itchy, watery eyes. <b>Children 12 years and older:</b> 1-2 tablets every 4-6 hours prn. <b>Children 6-12 years:</b> 1 tablet every 4-6 hours prn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Antacid Tablets 500mg (Tums):</b> For relief of acid ingestion and heartburn. 2-4 tablets as symptoms occur. Chew

**TOPICAL MEDICATIONS**

<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Pepto-Bismol (Liquid):</b> For relief of acid ingestion and heartburn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Pepto-Bismol (Chewables):</b> For relief of acid ingestion and heartburn. Chew 1-2 tablets as symptoms occur.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Triple Antibiotic Ointment (bacitracin):</b> To help prevent infection in minor cuts, scrapes, and burns.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Hydrocortisone 1% Cream:</b> For relief of itching associated with rashes and inflammation. Apply to affected area 3-4 times a day.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Diphenhydramine Hydrochloride 2% (Benadryl Cream):</b> Used for relief of itching from insect bites or rashes from plants, such as poison ivy. Apply to affected area 3-4 times a day. <b>Consult a physician for children under 12 years of age.</b>
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Eye wash (sterile isotonic solution) :</b> For cleansing of irritated eyes and/or removal of loose foreign material. Apply drops to eyes as needed.

**OTHER**

<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Warm Packs or Soaks</b> for infection.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Cold Packs</b> for sprains, bruises, or other traumatic injuries.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Povidone Iodine Scrub Solution</b> as needed for cleansing of wounds.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Aloe Vera Gel or Lotion</b> for sunburn.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Cough Drops</b> for cough.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Carmex</b> for cold sores, fever blisters, and chapped lips.
<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Anbesol</b> for cold sores/canker sores.

**I consent to the use of these over-the counter medications for my child. They will only be administered as needed and as ordered. I have crossed out any medications that I do not want my child to have.**

**Camper Name:** \_\_\_\_\_

**Parent/Caretaker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_