

Camp Huntington
By Mail: 56 Bruceville Road, High Falls, New York 12440
Or, please fax back to: Fax: 845-853-1172
Camp Office (845) 687-7840

Annual permission for over the counter medication administration

O.T.C. Medications may be given to _____ as indicated below.

ALLERGIES _____

He/She may receive the following over the counter medications for no longer then 48 consecutive hours. The primary physician must then be contacted. A nurse/physician must be notified prior to administration of any oral medication if the staff has concerns regarding the person's condition. (Please cross out any meds you do not wish your patient to have.)

MEDICATIONS	ADMINISTRATION
Acetaminophen (Tylenol), 325 mg table _____ 2 tablets PO. Every 4 hours to a max. of 8 tabs per 24hour period	_____ PRN for headache, pains, elevated temp. greater than 101 F. or pain
Ibuprofen 200mg tablets- 2 tablets Q6' PO _____	_____ PRN for pain or fever
Cough Drops, lozenges q 4 hours (not to Exceed manufacturers Dosage)	_____ PRN for complains of minor sore throat pain
Robitussin DM _____	10cc, PO for cough q 4 hours
Milk of Magnesia suspension _____	30cc liquid PO for constipation PRN
Dulcolax (5 mgtabs) _____	1 tab as needed for constipation PRN (many campers will not drink the MOM)
Immodium 2mg tabs _____	4mg initially, then 2mg after each loose stool (8mg max daily dose for 2 days) PRN
Pepto Bismol _____	30cc PO q 4 hours PRN for upset stomach Heartburn, or indigestion. Max of 4 doses, 24hrs
Mylanta Suspension _____	15 ml PO PRN, indigestion, heartburn
Benadryl 25 mg tablet or liquid _____	25 mg PO PRN for allergic reactions
Triple Antibiotic ointment _____	Apply sparingly to cut or abrasion BID, PRN
Calamine/Caladryl lotion _____ Or hydrocortisone cream	Apply sparingly to bug bites or rashes BID PRN
Antifungal Spray or cream _____	Apply BID to jock itch or fungal rashes Under breasts PRN, until cleared

Physicians signature _____ Date _____