

**Camp Huntington, Summer 2010**  
**Over The Counter (OTC) Form – PHYSICIAN'S Signature Required**

**By Mail: PO Box, High Falls, New York 12440**

**Or, please fax back to: Fax: 845-853-1172**

**Camp Office Phone: (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 than 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 \_\_\_\_\_ PRN for headache, pains, elevated temp.  
2 tablets PO. Every 4 hours to a max. of \_\_\_\_\_ greater than 101 F. or pain  
8 tabs per 24hour period

Ibuprofen 200mg tablets- 2 tablets Q6' PO \_\_\_\_\_ PRN for pain or fever

Cough Drops, lozenges q 4 hours (not to \_\_\_\_\_ PRN for complains of minor sore throat  
Exceed manufacturers Dosage) \_\_\_\_\_ pain

Robitussin DM \_\_\_\_\_ 10cc, PO for cough q 4 hours

Milk of Magnesia suspension \_\_\_\_\_ 30cc liquid PO for constipation PRN

Dulcolax (5 mg tabs) \_\_\_\_\_ 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 \_\_\_\_\_ Apply sparingly to bug bites or rashes BID  
Or hydrocortisone cream \_\_\_\_\_ PRN

Antifungal Spray or cream \_\_\_\_\_ Apply BID to jock itch or fungal rashes  
Under breasts PRN, until cleared

**Physicians signature** \_\_\_\_\_ **Date** \_\_\_\_\_