Camper Name: _____ **Birth Date:**_____

Prescription Medications

Please list **ALL medications**, including over-the-counter, that are taken routinely.
Please bring enough medication to last the duration of camper's time at camp.
Please keep medications in the original bottle/packaging that identifies the prescribing physician, name of medication, dosage, and frequency of administration.

☐ This person will take **NO** medications on a routine basis while attending Lourdes Camp.

☐ This person takes medications routinely as follows:

Name of Medication:	Camp will give:	Dose given:	How it is given:	Reason for taking:
	☐After Breakfast ☐After Lunch ☐After Dinner ☐Before Bed			
	☐After Breakfast ☐After Lunch ☐After Dinner ☐Before Bed			
	☐After Breakfast ☐After Lunch ☐After Dinner ☐Before Bed			

Over-the-Counter Medications

New York State Department of Health prohibits dispensing over-the-counter medications without specific written permission of a licensed physician. Below are the over-the-counter medications that may be stocked at the Infirmary.

Parents and Physicians must initial next to each item in order for the Lourdes Camp Nurse to dispense any of these over-the -counter medications.

Any non-approved, over-the-counter medications brought from home that are not indicated on this form, will be sent home.

Physician 1

Parent 4

Note: Make sure all prescription medications are listed above.

Parent Initial to authorize	Physician Initial to authorize	I hereby authorize the following medications to be given, as directed on the packaging, to _____(Child's Name) if the need arises. Camp can dispense only those items initialed.
_____	_____	Acetaminophen (Tylenol)
_____	_____	Ibuprofen (Advil, Motrin)
_____	_____	Phenylephrine decongestant (Sudafed PE)
_____	_____	Pseudoephedrine decongestant (Sudafed)
_____	_____	Children's cough syrup (Robitussin)
_____	_____	Diphenhydramine antihistamine (Benadryl) for swelling, hives, allergic reaction
_____	_____	Throat lozenges or spray for sore throat
_____	_____	Bismuth subsalicylate (Kaopectate, Pepto-Bismol) for diarrhea
_____	_____	Laxatives (Milk of Magnesia, Ex-Lax) for upset stomach or constipation
_____	_____	Calamine lotion for bug bites and poison ivy
_____	_____	Antibiotic Cream (triple-antibiotic ointment) for minor wound care
_____	_____	Hydrocortisone 1% Cream for mild skin irritations, poison ivy, and insect bites
_____	_____	Medicated lip ointment for dry, chapped lips, lip blisters or canker sores
_____	_____	Aloe for sunburn
_____	_____	Sunblock / Sunscreen
_____	_____	Micatin or anti-fungus treatment for athlete's foot
_____	_____	Eye drops for minor eye irritation
_____	_____	Swimmer's ear drops
_____	_____	Other (list any other approved over-the-counter drugs)_____

Physician's Signature: _____