

## Camp Health Services

Dear Parent/Guardian,

Dr. Denis Moonan Jr. the camp physician has written the following standing orders for medication to be given to campers if needed. **Only the camp staff will dispense this medication.** Medication will only be given when deemed necessary.

Some examples of medication given are:

Benadryl, Tylenol, Mylanta, Epinephrine, Afterbite, Bacitracin, Betadine,...

**The dosage given will be age and weight appropriate.**

A notice will be sent home if your child has received any significant treatment or medication. **In order for Camp Sunrise to administer any medication to your child, the parent/guardian must sign below.** If you do not wish for your child to receive any medication while at camp, then please mark "DO NOT GIVE MEDS" in the "REMARKS" section of this form, sign it and return it to us.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Week(s)# \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **LONG TERM MEDICATION**

Camper's Name: \_\_\_\_\_ Week(s)#: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to receive \_\_\_\_\_,  
(CAMPER'S NAME) (MEDICATION)

\_\_\_\_\_  
(DOSAGE AND ROUTE OF ADMINISTRATION) (TIME TO BE GIVEN) (BEGINNING DATE)

\_\_\_\_\_  
(ENDING DATE) (REASON FOR MEDICATION)

\_\_\_\_\_  
(SIDE EFFECTS WHICH MAY OCCUR)

Physician's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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### **For Epinephrine and/or for Inhaled Medications**

\_\_\_\_\_ I have instructed \_\_\_\_\_ in the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry his/her medication by him/herself.

\_\_\_\_\_ It is my professional opinion that \_\_\_\_\_ should not carry his/her medication by him/herself.

Physician's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

