



**Health Care Professional must complete this form, sign, date, and provide license number**

Individualized orders for Camper (name): \_\_\_\_\_

Licensed Medical Professional  
Camper Standing Orders

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

**Prescription Medications:** (Please complete with patient's current regimen for both scheduled and PM medication)  
Please note that medications must be in their original containers and be labeled correctly.  
(attach another sheet if more room is needed)

Name of Medication	Route	When it is given	Dosage	Comments
		Breakfast Lunch Dinner Bedtime Other		
		Breakfast Lunch Dinner Bedtime Other		
		Breakfast Lunch Dinner Bedtime Other		

**Standard Over-the-Counter/PRN Medications:** The following medications are available in the Health Center will be administered at the discretion of an RN and/or LPN, if approval is indicated by the camper's healthcare provider and parent/guardian.

Drug Name	Route (Please Circle preferred formulation)	Dosage	Schedule and Indications	Camper Healthcare Provider Orders	Comments
Acetaminophen	PO (Tabs)	Per label instructions By age/weight	Q 4 hr prn for pain or fever > _____ F	YES NO Please circle one	
Ibuprofen	PO (Tabs)	Per label instructions By age/weight	Q 6 hr prn for pain or fever > _____ F	YES NO Please circle one	
Benadryl	PO (Elixir, chewable tabs)	Per label instructions By age/weight	Q 6 hr prn for allergic reactions (hives, insect bites)	YES NO Please circle one	
Pepto Bismol	PO (Liquid)	Per label instructions By age/weight	Q 30 min to 1 hr prn for diarrhea (not > 8 doses/24 hours)	YES NO Please circle one	

Camper's Healthcare provider Name: \_\_\_\_\_ License #: \_\_\_\_\_

Camper's Healthcare provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_