

Summer Camp Guggenheim

Healthcare Provider Orders

Form B

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Please have this form completed by your child's doctor

The submission deadline is June 21st

Mail to: 100 Elizabeth Street * PO BOX 369 * Ogdensburg, NY 13669

If special arrangements must be made, please contact the Youth Ministry Office at 315-393-2920 ext 1413

Individualized Orders For: _____ DOB: _____ Weight: _____

A Healthcare professional must complete both sides of this form, sign and date, provide license number, address and telephone number. If additional room is needed, please attach a separate sheet.

Prescription Medication: (Please complete with patient's current regimen for both scheduled am and pm medication.)

Please note that medications must be in their original containers and be labeled correctly.

Drug	Route	Dosage	Schedule and Indications *Medications are typically dispensed after breakfast, lunch & dinner, and before bed. Thanks for noting when this must be deviated from.	Comments

Standard Over-the-Counter/PRN Medications: The following medications are available in the infirmary and will be administered at the discretion of an RN or LPN, working under the direction of an RN or a licensed health care provider, **only if approval is indicated by the camper's healthcare provider.**

Drug Name	Route (Please circle preferred formulation(s))	Dosage	Schedule and Indications	Camper Healthcare Provider Order	Comments
Tylenol	PO (Tabs)	Per label instructions by age/weight	Q 4 hr prn for pain or Fever > ____ F	Yes No	
Ibuprofen	PO (Tabs)	Per label instructions by age/weight	A 6 hr prn for pain or Fever > ____ F	Yes No	
Benadryl	PO (elixir, chewable tabs, or pills)	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (Hives, insect bites)	Yes No	
Glucose Tablets	PO (chewable tabs)		Not > 3 tablets to counteract effects of low blood sugar or insulin reaction	Yes No	
Midol	PO (tabs)	Per label instructions		Yes No	
Tums	PO (chewable tabs)	Per label instructions	Chew 1 to 2 tablets after meals and at bedtime (no > 16 tablets/24 hrs)	Yes No	

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

Drug Name	Route (Please circle preferred formulation(s))	Dosage	Schedule and Indications	Camper Healthcare Provider Order	Comments
Rolaids	PO (Chewable Tabs)	Per label instructions	Chew 2 to 4 tablets for relief of heartburn (not > 12 tablets/24 hours)	Yes No	
Pepto Bismol	PO (liquid)	Per label instructions by age/weight	Q 30 min to 1 hr prn for diarrhea (not > 8 doses/24 hrs)	Yes No	
Throat Lozenges	PO (Lozenges)	Per label instructions	Q 4-6 pm for Throat soreness	Yes No	
Sudafed	PO (pills)	Per label instructions by age/weight	Q 4-6 prn for Congestion	Yes No	
Robitussin	PO (Elixir)	Per label instructions by age/weight	Q 4-6 prn for cough with or without fever or wheezing	Yes No	
Betadine Solution	Topical	Per label instructions		Yes No	
Triple Antibiotic Ointment	Topical	Per label instructions	Apply small amount to cut, burn or scrape (1 to 3 times daily)	Yes No	
Iodine Ointment	Topical	Per label instructions	Apply small amount to cut, burn or scrape (1 to 3 times daily)	Yes No	
Bactine	Topical	Per label instructions	Apply small amount to cut, burn or scrape (1 to 3 times daily)	Yes No	

Physical Examination

Date:

Blood Pressure:

Comments: _____

Please provide a copy of the camper's immunization record.

Please provide a copy of the camper's COVID-19 vaccination record.

Additional Orders (as deemed necessary by healthcare provider to be implemented by an RN, and/or LPN).

Healthcare Provider's Name: _____

Healthcare Provider's Signature: _____

License # _____

Phone # _____

Address: _____