



Camper's Full Name \_\_\_\_\_

**11. Standard OTC or PRN Meds** (Check all that may be given)

- Tylenol Weight based dose per label Q4hrs prn pain/fever
- Ibuprofen Weight based dose per label Q4hrs prn pain/fever
- Miralax 17gm (1 capful) daily prn constipation
- Benadryl Weight based dose per label Q6hrs prn hives/itching/allergic reaction
- Benadryl Cream dose and frequency per label prn hives/itching
- Neosporin dose and frequency per label prn abrasions/cuts/scrapes etc.
- OTC Cough Drops 1 lozenge prn sore throat/hoarseness/cough
- Sunscreen per label as needed
- Bug Spray per label as needed
- Albuterol Inhaler** may be carried with camper/counselor and administered as needed
- Epi Pen** may be carried with camper/counselor and administered as needed
- Other** \_\_\_\_\_

**12. Immunizations**

<b>New campers</b>	Please attach an immunization record.
<b>Returning campers</b>	list any immunizations given during past year

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

Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

License#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_