## Genesee Valley Rotary Camp

## Physician Orders Form

This form must be completed by the **<u>camper's physician</u>** 

1. Camper's	Full Name			
2. Age	_3. Weight	4. Height	5. Pronouns	-
6. Diagnosis _				
7.Allergies				
8. Activity Re	strictions			
9. Dietary Re	strictions			

## 10. Medications:

Name	Dose	Route	Times Given	Reason for Taking

11. Standard OTC or PRN Meds (Check all that may be given)	New campers	Please attach an immunization record.					
Tylenol Weight based dose per label Q4hrs prn pain/fever							
Ibuprofen Weight based dose per label Q4hrs prn pain/fever	Returning	list any immunizations given during past year					
Miralax 17gm (1 capful) daily prn constipation	campers						
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							
Physician's Signature:	Dat	te:					
Physician's Name:							
License#:							
Address:							
Phone#:    Fax#:							

## 12. Immunizations

New

Please attach an immunization record.