

Standing Orders for Over-the-Counter Medications Authorization for

Name _____

Date of Birth _____

Over-the-Counter (OTC) Medications may at times need to be administered, if approval is indicated in writing by a physician. In order to assist our shared client in the best way possible please complete the following form so that we may know what we can use under what conditions to treat symptoms during times of illness or discomfort.

OTC Authorization

Over-the-Counter (OTC) medications may at times need to be administered. No OTC medication can be administered without explicit parental/guardian/client or prescribing authority authorization.

The right to use generic equivalents are reserved when available for brand named over-the-counter medications listed above.

Any condition that is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation client/family/etc. or physician advisor.

Family/dr. will be contacted if any conditions develop requiring any of the over-the-counter medications not checked, or if camper needs medical treatment.

I authorize the administration of the over-the-counter medications indicated. I shall indemnify and hold harmless Angels Service and associates, against any claims that may arise relating to client being administered the medications approved.

I/We have legal authority to consent to medical treatment for the client listed, including the administration of approved medications.

Note: The only OTC medications that can be used without written permission from a physician is chap stick, bug spray, and sunscreen.

ALL MEDICATIONS WILL BE GIVEN ACCORDING TO THE DIRECTIONS ON THE BOX UNLESS OTHERWISE DIRECTED IN WRITING ON THIS FORM

OTC Medications

* Advil/Ibuprofen for pain

Yes

No

Instructions:

* Acetaminophen for pain

Yes

No

Instructions:

* Aspirin for pain

Yes

No

Instructions:

* Benadryl/Diphenhydramine as directed for nasal congestion or allergy relief

Yes

No

Instructions:

* Calamine Lotion for skin irritations or bug bites

Yes

No

Instructions:

* Menthol Cream for sore muscles

Yes

No

Instructions

* **Methyl salicylate, menthol**, Eucalyptus Oil, Turpentine Oil (Deep Heat Heat Rub) for sore muscles

Yes

No

Instructions

* Hydrocortisone ointment as directed for mild skin irritations or poison ivy or insect bites

Yes

No

Instructions:

* Kaopectate or Imodium for diarrhea

Yes

No

Instructions:

* Loratadine (Claritin) or Cetirizine (Zyrtec) for allergies

Yes

No

Instructions:

* Milk Magnesium or stool softener or glycerin suppository or enema for constipation

Yes

No

Instructions:

* Ointments for minor wound care or first aid as directed (Antiseptic or anti-itch or anti-sting or antibiotic or sunburn). Including **A and D ointment, Alovera**, bacitracin zinc and polymyxin B sulfate (Polysporin) or bacitracin zinc, polymyxin B sulfate and neomycin sulfate (Neosporin), or dettol.

Yes

No

Instructions:

List any of the above disallowed:

* Pepto Bismol or Mylanta for upset stomach or nausea

Yes

No

Instructions:

* Robitussin or other cough syrup as directed for cough

Yes

No

Instructions:

* Roloids or Tums for acid reflux or heartburn or indigestion

Yes

No

Instructions:

* Throat lozenges and or spray for sore throat

Yes

No

Instructions:

* Visine or artificial tears for minor eye irritation

Yes

No

Instructions:

* Saline irrigation to eye or ear for floating body

Yes

No

Instructions:

Eye, Ear, Nose, Throat

* Visine eye drops or artificial tears for minor eye irritation

Yes

No

Instructions

* Orajel, Carmex, or Camphophenique for mouth sores

Yes

No

Instructions

* Warm salt water gargle for sore throat

Yes

No

Instructions

* Chloraseptic spray for sore throat

Yes

No

Instructions

* Throat lozenges for sore throat

Yes

No

Instructions

* Swim-ear or alcohol gtts (4-5) to affected ear for assistance in clearing ear after swim or shower. If known perforated eardrum or PE tubes: place Vaseline- coated earplug in ear canal and keep ear above water

Yes

No

Instructions

* Dimetapp Elixir 1-2 tsp by mouth every 4-6 hours for cold/ allergy symptoms

Yes

No

Instructions

* Robitussin DM 1 tsp by mouth every 6-8 hours for cough, Mucinex by mouth or mentholatum inhaled per instructions.

Yes

No

Instructions

* Diphenhydramine liquid 1-2 or 2-4 tsp (age/ weight dependent) by mouth every 4-6 hours for cold/ allergy symptoms

Yes

No

Instructions

* Diphenhydramine allergy chewable 12.5 mg 1-2 or 2-4 (age/ weight dependent) by mouth every 4-6 hours - for cold/ allergy symptoms

Yes

No

Instructions

Gastrointestinal

* Imodium 2 caplets by mouth after first loose stool, 1 cap by mouth after each subsequent loose stool

Yes

No

Instructions

* MOM 15-30 cc or 1 capful Miralax as needed for constipation

Yes

No

Instructions

* Colace one cap by mouth 1-2x daily for constipation

Yes

No

Instructions

* Chocolate Ex Lax 1 by mouth as needed for constipation

Yes

No

Instructions

* Dulcolax or Glycerin suppository 1 rectal as needed for constipation

Yes

No

Instructions

* Fleets enema 1 rectal as needed for constipation if no BM by 4th day of camp

Yes

No

Instructions

* Vomiting: Pepto- Bismol 1-2 Tbs, every hour up to 8 doses as needed for nausea/ indigestion/ diarrhea. Gingerale and/or crackers for nausea/vomiting. Nausene 1 tablet for first episode of vomiting.

Yes

No

Instructions

* Maalox/ Mylanta 15-30 cc or 1 TUMS as needed by mouth for heartburn/ indigestion

Yes

No

Instructions

* Cimetidine 200 mg every 6 hours by mouth for acid indigestion

Yes

No

Instructions

GenitoUrinary

* Desitin cream applied topically as needed for diaper rash

Yes

No

Instructions

* Witchhazel pads for skin or peri area for skin irritation

Yes

No

Instructions

* Tinactin applied topically as needed for affected area of fungal rash.

Yes

No

Instructions

* Preparation H applied every 6-8 hours as needed for hemorrhoid pain

Yes

No

Instructions

Dermotological

* Tinactin, or equivalent, topically 2-3x times daily as needed for jock itch or athlete's foot

Yes

No

Instructions

* Calamine lotion topically 2-3x daily for rash

Yes

No

Instructions

* Hydrocortisone or Benadryl cream or spray topically as needed for itching rash

Yes

No

Instructions

* Anti Sting gel for insect sting.

Yes

No

Instructions

* Any minor wound or abrasion: cleanse with saline, Band Aid wash or Hibiclens, or H2O2.

Yes

No

Instructions

* Antibiotic ointment and appropriate dressing as needed for signs of infection

Yes

No

Instructions

* Minor burns: cool affected area immediately, apply Aloe Vera burn lotion or burn cream, and cover with nonstick sterile dressing.

Yes

No

Instructions

* Minor sunburn: Aloe Vera gel, after burn lotion, or equivalent

Yes

No

Instructions

* Icy Hot or equivalent topically or pain patches for muscle or arthritic pain

Yes

No

Instructions

Physician's Name

Physician's Number

Physician's Signature

Date of Signature