

# Guggenheim 2010

**Form B**  
Physician's  
Orders

100 ELIZABETH STREET • P.O. BOX 369 • OGDENSBURG, NEW YORK 13669  
TELEPHONE: 315.393.2920 • FAX: 866.314.7296 • youthministry@dioogdensburg.org

**Please return this form no later than 2 weeks prior to your camp session.**

**Mail To: Guggenheim 2010  
100 Elizabeth Street  
P.O. Box 369  
Ogdensburg, NY 13669**

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

Individualized Orders For: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

**Healthcare professional must complete both sides of this form and sign and date it, 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 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 EMT, RN and/or LPN, 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 EMT, RN and/or LPN, 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	

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

**Camper's Healthcare Provider Name:** \_\_\_\_\_

**Camper's Healthcare Provider Signature:** \_\_\_\_\_

**License #** \_\_\_\_\_

**Phone #** \_\_\_\_\_