

SOPHIA FAHS
Medication Release Form

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Sophia Fahs Camp c/o Allyson Barish, 19A Lone Oak Drive, Centerport, NY11721

1) PARENT INSTRUCTION: Select Yes or No in section 4. **Parents must sign this form.** If your child will be bringing **any additional drugs, homeopathic preparations, supplements, or vitamins, they must be listed and signed off by a physician in section 5.** All treatments must be in original packaging and bottles, then placed in a zip-lock baggie with both child's name and the camp program attending. All treatments must stay with the camp nurse and any remaining will be returned to you at check-out.

2) PHYSICIAN INSTRUCTION: We have standing orders for the non-prescription medications listed below. If this child requires a different dose/frequency than the standard treatment, please indicate in **section 4** comments. For any additional treatments the child will bring to camp, please write name, dose, frequency, and indication in **section 5**. Then sign **section 6**.



3) CHILD'S NAME: _____ **D.O.B.:** _____ **WEIGHT:** _____

4) CAMP NURSE HAS STANDING ORDERS FOR THE FOLLOWING OVER-THE-COUNTER MEDICATIONS:
Route and dosage is given per label instructions by age/weight unless otherwise indicated in the "Comments" section.

Parent Approval	Drug Name	Parent Approval	Drug Name
Yes / No	<u>ADVIL (Ibuprofen)</u>	Yes / No	<u>LOTRIMIN CREAM (Miconazole)</u>
Yes / No	<u>ALOE VERA GEL</u>	Yes / No	<u>MIDOL (Acetaminophen, Caffeine, Pyrilamine)</u>
Yes / No	<u>ANTACID (Calcium Carbonate)</u>	Yes / No	<u>MUCINEX (Guaifenesin)</u>
Yes / No	<u>BENADRYL (Diphenhydramine)</u>	Yes / No	<u>PINK BISMUTH (Bismuth Subsalicylate)</u>
Yes / No	<u>CALADRYL</u>	Yes / No	<u>ROBITUSSIN DM (Guaifenesin, Dextromethorphan)</u>
Yes / No	<u>CALAMINE LOTION</u>	Yes / No	<u>SWIM-EAR (Isopropal Alcohol, Glycerine)</u>
Yes / No	<u>CLARITIN (Loratadine)</u>	Yes / No	<u>TYLENOL (Acetaminophen)</u>
Yes / No	<u>DRAMAMINE (Meclizine Hydrochloride)</u>	Yes / No	<u>VISINE T (Tetrahydrozoline HCL)</u>
Yes / No	<u>HYDROCORTISONE CREAM 1%</u>	Yes / No	<u>ZYRTEC (Cetirizine)</u>
Yes / No	<u>IMODIUM (Loperimide)</u>		<u>SUNSCREEN</u> <small>by signing below, your child may carry and use any topical sunscreen at camp.</small>

COMMENTS REGARDING ANY OF THE DRUGS LISTED ABOVE:

5) ADDITIONAL MEDICATIONS CHILD WILL BRING TO CAMP (any substance a person takes to maintain and/or improve their health):
(Name, dosage, frequency, indication)

6) SIGNATURES: Parent must sign below. If child will be bringing treatments to camp, we also require a Doctor's signature.

➔ SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

➔ SIGNATURE OF PHYSICIAN: _____ DATE: _____