

Name \_\_\_\_\_

PERSON IS A: CAMPER \_\_\_\_\_ SDP \_\_\_\_\_ STAFF \_\_\_\_\_

### BAUEN CAMP MEDICATION FORM

MEDICATION TO BE TAKEN DAILY

[Put an X in the meal or bedtime box (s)]

NAME OF MEDICATION	DOSAGE	BREAK-FAST	LUNCH	SUPPER	BEDTIME	TAKEN FOR

MEDICATION TO BE TAKEN ONLY AS NEEDED (PRN)\*

NAME OF MEDICATION	DOSAGE	HOW OFTEN	TAKEN FOR

\* List both prescription 'as needed' medication and/or preferred over-the-counter or non-prescription 'as needed' medication. Camp Nurse will provide common, physician approved and directed, over-the-counter (OTC) remedies **UNLESS** you direct us **NOT** to (**Complete list on other side**).

**DO NOT GIVE THIS MEDICATION – List Any that Apply**


PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The following medications are used to treat minor symptoms of illness/injury while your camper is here. All medication indications and dosages are approved by the camp Medical Advisor.

#### **A&D ointment**

#### **Acetaminophen**

Benadryl

Lidocaine (Bactine)

Benzocaine oral gel

Calamine lotion

Cepacol lozenges

Chloraseptic lozenges

Dimetane Cough Syrup

Dimetapp chewable

EpiPen auto-injector

#### **Bausch and Lomb eye-wash – eye drops**

Hydrocortisone cream

Ibuprofen (Advil, Motrin, Nuprin)

Imodium AD

Kaopectate

#### **Milk of magnesia**

#### **Pepto-Bismol**

Robitussin Cough Syrup

Sudafed

Swimmer's ear-drops

Triple Antibiotic Ointment

Visine eye drops