

CAMP APOLLO
2019

REQUEST FOR ADMINISTRATION OF AS NEEDED (PRN) MEDICATION DURING CAMP

MEDICATION	DOSING	FREQUENCY	REASON	PHYSICIAN SIGNATURE
Tylenol, Acetaminophen liquid	160mg/5ml, _____ tsp(s)	q _____ h prn	HA, fever, pain	
Tylenol, Acetaminophen Jr. tabs	160mg/tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Tylenol, Acetaminophen regular strength	325mg/tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Tylenol, Acetaminophen Extra strength	500mg/tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Advil, Motrin, Ibuprofen liquid	100mg/5ml _____ tsp(s)	q _____ h prn	HA, fever, pain	
Advil, Motrin, Ibuprofen tabs	200mg/ tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Benadryl, Diphenhydramine liquid	12.5mg/5ml _____ tsp(s)	q _____ h prn	Allergic reaction, itching	
Benadryl, Diphenhydramine tabs	25mg/tab _____ tab(s)	q _____ h prn	Allergic reaction, itching	
Caladryl lotion/spray	Topical	Prn	Itching, bug bites	
Calamine lotion	Topical	Prn	Itching, bug bites	
Neosporin, triple antibiotic ointment	Topical	Prn	Minor cuts	
Dramamine, Dimenhydrinate	50mg/tab _____ tab	q _____ h prn	Motion sickness	
Sting/itch relief (lidocaine)	Topical	Prn	Bug bites	
Meclizine (Bonine) HCl 25 mg	_____ tab(s)	q _____ h prn		
TUMS	_____ tab(s)	q _____ h prn	Upset stomach	

I give permission for my child _____ to receive medication during camp hours as
 _____ Camper's Name
 prescribed by my physician.

 Parent signature

 Date

ALL MEDICATIONS MUST BE SENT IN THE ORIGINAL CONTAINER FROM THE PHARMACY OR DRUGSTORE