



CAMP KAUFMANN CAMPER MEDICATION AUTHORIZATION FORM

THIS FORM MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER AND BE ACCOMPANIED BY CAMPER'S RECENT PHYSICAL AND IMMUNIZATION RECORDS.

Name of Camper: _____ Date of Birth: _____

PLEASE NOTE: The following non-prescription/over-the-counter medications (OTCs) are stocked in the Camp Health Center and used on an as-needed basis to manage illness & injury. Please note that it is against Camp Kaufmann's policy to provide or treat campers with lice shampoo or scabies cream (Nix or Elimite). All additional medications, prescribed or OTCs, must come to camp with the camper in their original label and packaging, including full name and dosage details if prescribed for the camper, and will be held in the Camp Health Center.

PHYSICIAN / MEDICAL PERSONNEL: Please provide approval for which of the following medications may be administered to this camper at the dosage and directions provided by the manufacturer.

FOR FEVER/PAIN	FOR COLD/ALLERGIES	FOR STOMACH	FOR TOPICAL TREATMENT
Acetaminophen (Tylenol) Y <input type="checkbox"/> N <input type="checkbox"/>	Diphenhydramine Antihistamine (Benadryl) Y <input type="checkbox"/> N <input type="checkbox"/>	Calcium Antacid (Tums) Y <input type="checkbox"/> N <input type="checkbox"/>	Anti-itch & Eczema Cream (Cortizone-10) Y <input type="checkbox"/> N <input type="checkbox"/>
Ibuprofen (Advil/Motrin) Y <input type="checkbox"/> N <input type="checkbox"/>	Tylenol Cold & Flu Y <input type="checkbox"/> N <input type="checkbox"/>	Loperamide (Imodium) Y <input type="checkbox"/> N <input type="checkbox"/>	Antibiotic Ointment (Neosporin) Y <input type="checkbox"/> N <input type="checkbox"/>
ASA (Aspirin) Y <input type="checkbox"/> N <input type="checkbox"/>	Phenylephrine decongestant (Sudafed PE) Y <input type="checkbox"/> N <input type="checkbox"/>	Docusate Sodium (Stool Softener) Y <input type="checkbox"/> N <input type="checkbox"/>	Calamine Lotion (Caladryl) Y <input type="checkbox"/> N <input type="checkbox"/>
	Pseudoephedrine decongestant (Sudafed) Y <input type="checkbox"/> N <input type="checkbox"/>	Bismuth subsalicylate (Pepto-Bismol) Y <input type="checkbox"/> N <input type="checkbox"/>	Poison Ivy Wash (Tecnu) Y <input type="checkbox"/> N <input type="checkbox"/>
	Loratadine (Claritin) Y <input type="checkbox"/> N <input type="checkbox"/>	Stool Softener (MiraLAX) Y <input type="checkbox"/> N <input type="checkbox"/>	Burn Ointment Y <input type="checkbox"/> N <input type="checkbox"/>
	Fexofenadine (Allegra) Y <input type="checkbox"/> N <input type="checkbox"/>	Ranitidine (Zantac) Y <input type="checkbox"/> N <input type="checkbox"/>	Aloe Y <input type="checkbox"/> N <input type="checkbox"/>
	Cetirizine (Zyrtec) Y <input type="checkbox"/> N <input type="checkbox"/>	Laxatives for constipation (Ex-Lax) Y <input type="checkbox"/> N <input type="checkbox"/>	Sunburn Spray (Solarcaine) Y <input type="checkbox"/> N <input type="checkbox"/>
FOR OUTDOOR PROTECTION	Guaifenesin (Mucinex/Robitussin) Y <input type="checkbox"/> N <input type="checkbox"/>		Hydrocortisone Cream Y <input type="checkbox"/> N <input type="checkbox"/>
Sunscreen Y <input type="checkbox"/> N <input type="checkbox"/>	Dextromethorphan (Robitussin DM) Y <input type="checkbox"/> N <input type="checkbox"/>		Anti-Sting/Itch Spray Y <input type="checkbox"/> N <input type="checkbox"/>
Insect Repellent (Icaridin/Picaridin/DEET) Y <input type="checkbox"/> N <input type="checkbox"/>	Phenol Oropharyngeal (Chloraseptic Sore Throat Spray) Y <input type="checkbox"/> N <input type="checkbox"/>		Insect Sting Swabs Y <input type="checkbox"/> N <input type="checkbox"/>
	Cough Drops Y <input type="checkbox"/> N <input type="checkbox"/>	FOR MOTION SICKNESS	Dexamethasone (Swimmer's Ear Spray/Otomize) Y <input type="checkbox"/> N <input type="checkbox"/>
	Chlorpheniramine maleate (Chlor-Trimeton) Y <input type="checkbox"/> N <input type="checkbox"/>	Meclizine (Dramamine) Y <input type="checkbox"/> N <input type="checkbox"/>	Ear Drying Drops (Swim-EAR/Debrox) Y <input type="checkbox"/> N <input type="checkbox"/>
	Fluticasone (Flonase) Y <input type="checkbox"/> N <input type="checkbox"/>		Topical Analgesic Y <input type="checkbox"/> N <input type="checkbox"/>
			Petrolatum Topical (Aquaphor) Y <input type="checkbox"/> N <input type="checkbox"/>
			Vapor Rub (Vapo-rub) Y <input type="checkbox"/> N <input type="checkbox"/>

ALLERGIES: Explain specific allergens and reactions:

THIS CAMPER WILL TAKE THE FOLLOWING MEDICATIONS, VITAMINS, OR SUPPLEMENTS WHILE AT CAMP:

Please include EPI Pens & Inhalers, if applicable, as well as topical or OTC medications. (Must come to camp in original packaging.)

NAME OF MEDICATION	DOSAGE	SCHEDULE/TIME OF DAY	SPECIFIC INSTRUCTIONS

Is this camper being treated for any medical condition(s) at this time? ___ Yes ___ No

If yes, describe the condition, treatments or any special accommodations required:

I have reviewed this Camper Health Form and verified the information contained herein. It is my opinion that this camper is physically and emotionally fit to participate in an active camp program.

Signature of Parent/Guardian: _____ Date: _____

Signature of Doctor: _____ Date: _____

STAMP HERE

For any questions, concerns, or to request a printout of this form to be mailed to you, please contact the Camp Kaufmann Registrar at 332-323-7767. Once completed, upload a scan to your CampBrain account, fax the form to 845-878-1049, or email the form to campkaufmann@girlscoutsnyc.org