

SOPHIA FAHS
Medication Release Form

PHONE (516) 429-5289, FAX (877) 991-4772, EMAIL sophiafahs@gmail.com
Sophia Fahs Camp c/o Allyson Barish, 19A Lone Oak Drive, Centerport, NY 11721

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: _____