

DRIFTWOOD PRE-TEEN AND TEEN TRAVEL

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STANDING ORDER FORM - 2017

MUST BE SIGNED BY PARENT AND PHYSICIAN

Please have doctor check the yes or no box for all.

CHILD'S NAME _____ GROUP _____	YES	NO
HEADACHES/FEVER/PAIN		
<i>TYLENOL (Acetaminophen) 10-15MG/KG WEIGHT EVERY 4-6 HRS AS NEEDED</i>		
<i>MOTRIN (Ibuprofen) 5-10MG/KG WEIGHT EVERY 6-8 HRS AS NEEDED</i>		
ALLERGIC REACTION/ALLERGIES		
<i>BENADRYL (Diphenhydramine) 6-12YRS=25MG >12 YRS= 25-50MG EVERY 4-6 HRS AS NEEDED</i>		
STOMACH UPSET		
<i>TUMS OR EQUIVALENT 2 CHEWABLES AS NEEDED</i>		
MOTION SICKNESS		
<i>DRAMAMINE (Dimenhydrinate) 6-12 YRS=1/2-1 TABLET EVERY 6-8 HRS AS NEEDED</i>		
<i>DRAMAMINE (Dimenhydrinate) >12 YRS = 1-2 TABLETS EVERY 4-6 HRS AS NEEDED</i>		
<i>BONINE (Mecilizine hydrochloride) >12 YRS = 12.5MG 1-2 TABLETS 1 HR BEFORE TRAVEL EVERY 24 HRS AS NEEDED</i>		
DECONGESTANT		
<i>SUDAFED (Pseudoephedrine) 6-12 YRS = 30 MG EVERY 6-8 HRS AS NEEDED</i>		
<i>SUDAFED (Pseudoephedrine) > 12 YRS = 60 MG EVERY 6-8 HRS AS NEEDED</i>		

IN ADDITION TO THESE MEDICATIONS, THE NURSE AT DRIFTWOOD MAY USE ANY ONE OF THESE OVER THE COUNTER TOPICALS: CALADRYL, BENADRYL CREAM, NEOSPORIN/BACITRACIN, HYDROGEN PEROXIDE, VASOLINE AND HYDROCORTISONE CREAM AS NEEDED FOR MINOR COMPLAINTS.

Any questions or concerns, please email nursekelly@driftwooddaycamp.com

I HAVE REVIEWED THESE ORDERS AND ACCEPTED THEM. ANY EXCLUSION SHOULD BE INITIALED IN THE 'NO' COLUMN BY THE PHYSICIAN.

PHYSICIAN'S SIGNATURE & STAMP _____

PARENT'S SIGNATURE _____ DATE _____

**NOTE TO PARENTS:
CAMP PROVIDES THE ABOVE MEDICATION. PLEASE DO NOT SEND IN ANY OF THE ABOVE STANDING MEDICATION.**