

DRIFTWOOD PRE-TEEN AND TEEN TRAVEL

Phone: 631-692-6990

Fax: 631-692-4140

driftwooddaycamp@gmail.com

STANDING ORDER FORM -2018 MUST BE SIGNED BY PARENT AND PHYSICIAN

Please have doctor check the yes or no box for all

CHILDS NAME _____	YES	NO
GROUP _____		
HEADACHES/FEVER/PAIN		
<i>TYLENOL(Acetaminophen) 10-15MG/KG EVERY4-6 HRS AS NEEDED</i>		
<i>IBUPROFEN(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 6-8HRS AS NEEDED</i>		
<i>DRAMAMINE((DIMENHYDRINATE) >12 YRS = 1-2 TABLETS EVERY 4-6HRS AS NEEDED</i>		
ANTIHISTAMINE		
<i>CLARITIN (LORATADINE 5MG) >6YRS 2 TEASPOONS 10ML OD NO MORE THAN 10 ML IN 24 HRS AS NEEDED</i>		
<i>CLARITIN (LORATADINE) CHEWABLES 2 TABS DAILY AS NEEDED</i>		
<i>ZYRTEC (CETIRIZINE HCL) LIQUID, TABS, OR DISSOLVE TABS >6YRS 5MG- 10MG DAILY NOT TO EXCEED 10MG IN 24 HR</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, VASELINE 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 _____

