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## Hope's Haven Standing Orders 2019

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This **MUST** be signed and completed each year by a licensed health care provider, and is **REQUIRED** for camper **ATTENDANCE**.

**Attention Provider:** The following over-the-counter medications will be available at Hope's Haven's camps. Administration of these medications is "per label directions" unless otherwise noted. Generic drugs may be used in place of name brands. Please check "yes" for medications the Camp Medical Staff is allowed to administer to the camper as needed.

Yes	No	Medication & Usage
		Acetaminophen: Pain, fever, headache
		Ibuprofen: Pain/fever, menstrual cramps, headache, muscle aches
		½ Strength Hydrogen Peroxide and ½ Strength Water: Antiseptic Solution, wound cleansing
		Triple Antibiotic Topical Ointment: Open wounds, insect bites
		Calamine Lotion: Skin irritation/itch
		Hydrocortisone Cream: Skin irritations
		Benadryl tabs/capsule: Allergies, cold symptoms
		Benadryl topical cream/gel: Skin irritation
		Imodium: Diarrhea, cramps, bloating
		Antacid Liquid/Tums: Heartburn, acid indigestion, gas
		Pepto-Bismol: Nausea, heartburn, indigestion, diarrhea, upset stomach
		Milk of Magnesia: Constipation
		Other (specify medication, dosage, frequency, and reason):

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

"Though my father and mother forsake me, the Lord will receive me." Psalm 27:10