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Hope's Haven Standing Orders 2020

Camper Name _____ Date of Birth _____

This **MUST** be signed by parent/guardian. For those still in **foster care**, this form must **also** be signed by a **licensed health care provider**.

Attention: 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" or "no" for medications the Camp Medical Staff is/is not allowed to administer to the camper as needed.

Yes	No	Medication & Usage
		Acetaminophen (Tylenol): Pain, fever, headache
		Cough Drops (including herbal, menthol, throat drops): minor cough or throat irritation
		Ibuprofen: Pain/fever, menstrual cramps, headache, muscle aches
		Tolnaftate (Tinactin): Anti-fungal cream
		Alcohol wipes: wound cleansing
		Triple Antibiotic Topical Ointment: Open wounds, insect bites
		Ivarest Cream: Poison
		Hydrocortisone Cream: Skin irritations
		Benadryl tabs/capsule: Allergies, cold symptoms
		Benadryl topical cream/gel: Skin irritation
		Imodium: Diarrhea, cramps, bloating
		Antacid/Tums: Heartburn, acid indigestion, gas
		Pepto-Bismol: Nausea, heartburn, indigestion, diarrhea, upset stomach
		Milk of Magnesia tablets: Constipation
		Other (specify medication, dosage, frequency, and reason):

Health Care Provider Signature _____ Date _____

(Required for campers that are still in foster care during the time at camp.)

Parent/Guardian Signature _____ Date _____

(Required for all campers.)