

PLYC MEDICATION FORM

Name _____

___ Camper ___ SDP ___ Staff

Medication to be given **DAILY**

(Put an X in the appropriate box when medication is to be given)

Name of Medication	Dose	Breakfast	Lunch	Supper	Bedtime	Taken for

Medication to be given **PRN (AS NEEDED)**

Name of Medication	Dose	How Often	Taken for

The following medications are used to treat minor symptoms of illness/injury while your camper is at camp. All medication indications and dosages are approved by the camp Medical Advisor. Please **CROSS OUT** any medications listed below that **SHOULD NOT** be administered. **Thank You.**

- A&D ointment
- Acetaminophen
- Benadryl
- Bactine
- Benzocaine oral gel
- Calamine lotion
- Cepacol lozenges
- Chloraseptic lozenges
- Claritin
- Dimetapp chewable
- EpiPen auto-injector
- Bausch and Lomb Eye-wash – eye drops
- Hydrocortisone cream
- Ibuprofen (Advil, Motrin, Nuprin)
- Imodium AD
- Kaopectate
- Milk of magnesia
- Pepto-Bismol
- Robitussin Cough Syrup
- Sudafed
- Swimmer’s ear-drops
- Triple Antibiotic Ointment
- Tums
- Visine eye drops

Parent Signature _____ Date _____