

Camp Onas' Prescriber's Order Form

For Prescribers: This form is intended to make conforming to PA laws regarding medication distribution easier to comply with. It is necessary for all PA nurses to take orders only from Prescribers (not parents) so please include all over-the-counter medications, supplements, probiotics, homeopathic treatments.

-To save your time we've included a box by your signature, allowing for different handwriting so parents can pre-fill out the sheet. Please strike the first blank space so no medications can be added after review.

For Parents: Please fill out all you can to save your prescriber's time. **Do not forget over-the-counter medications like:** Claritin, Zyrtec, Allegra, Zaditor eye drops, Lactaid, Flonase, melatonin, probiotics, vitamins, supplements, saline nasal spray, homeopathic remedies. — Camp Onas's nurses cannot give anything to your child without a prescriber's order. Please remember that Camp Onas has a stock of commonly prescribed OTC medications that do not need additional orders to give as needed (i.e. headache, nausea, fever, cramps, antibiotic and anti-itch ointments.)

For 'as needed' medications under *Frequency* write, "PRN"

For *Route*: oral, inhaled, topical, injection

For *Indication/Reason*: Let the Prescriber fill that in unless you are sure of the wording

Child's First and Last Name:

Date:

Medication	Dosage	Frequency	Route	Indication/Reason

I authorize administration of the above medications. Since this form may contain multiple handwritings I have crossed out any lines not used.

Physician's Signature: _____

Date: _____