

Camp Onas' Medication Form - Prescribers: top, Parents: bottom

Camper's First and Last Name:

Date of Birth:

Medication	Dosage	Route	Time of Day/as needed	Indication/Reason

I authorize administration of the above medications. I have crossed out the line below the last medication prescribed.

Prescriber's Signature: _____ Date: _____

For Prescribers: PA requires all medications given by Nurses to be *ordered* by a Prescriber (in addition to the prescription). This form is intended to make this law easier to comply with; feel free to use your own.

- Please strike the first blank space after the prescription, so no medications can be added after review. Thank you.

←..... Parent and Guardian Portion Below→

Parents/Guardians - Things to know:

- In Pennsylvania, we need Prescriber's orders for *all* medications. Camp Onas' overseeing Doctor has 'ordered' the common over-the-counter medications listed in the Health Form - this is accessed thru the Parent Portal.
- Our Doctor has also created 'standing orders' for some common medications that campers often take, such as antihistamines for allergies, GI routines that include Lactaid, Ex-lax, or fiber/vitamins, continued use of rescue inhaler (with no additional asthma medications), birth control, and a few others.
- When complete, upload this document - photo is fine - to the Parent Portal section of the website.

In the space below, please provide the details of the specific routine. (ie. Zyrtec every night) and if we are using our stock or yours from home.

Medication	Dosage	Route	Time of Day/as needed	Indication/Reason

Please give the following medication as directed by the box. This is a routine medication my child takes regularly.

Guardian's Signature: _____ Date: _____