

CAMP WAKPOMINEE - PERSONAL STANDING ORDERS

Scout's Name (last, first): _____ Troop: _____

Date of birth: ___/___/___ Allergies: _____

**Note: Please use additional form(s) if needed. Each form should be signed separately.
Over the Counter Medications**

The following are over the counter medications which the Scout has brought to camp* and which he may take according to the guidelines specified (consider also addressing fever, headache, stomach ache or diarrhea):

Drug Name	Form**	Dosage	Schedule and Indications#	Comments

* acetaminophen, ibuprofen, Pepto Bismol and Benadryl are available at Camp [if approved here](#) by licensed health care provider. A camper is only asked to bring their own supply for these if they're required to take it routinely or frequently.

Prescription Medications

Describe the Scout's current prescription medication regimen for both scheduled and 'p.r.n' (as needed) medications (All prescription medications must be brought in original packaging with pharmacist's label):

Drug Name	Form**	Dosage	Schedule and Indications#	Comments

** describes the form of medication, such as 'syrup,' 'chewable tablet,' or 'pill.'

describes the symptoms which call for each medication and the schedule for administration following the onset of symptoms.

Note: All camper medications will be stored securely in the Camp Health Lodge; a limited exception for emergency purpose (i.e. inhaler, etc.) requires approval at Camp.

Licensed Health Care Provider's Name: _____ Phone #

Address: _____ License #

Licensed Health Care Provider's Signature: _____ Date:

Parent/Legal Guardian Signature: _____ Date:
