

International Riding Camp



Birchall Road • Greenfield Park, NY 12435 • (845) 647-3240
www.horseridingcamp.com

PHYSICIAN FORM-NON-PRESCRIPTION MEDICATIONS

New York State Law requires this form to be filled out by a physician in order for our nurse to dispense over the counter non-prescription medication to your child when needed.

Camper's Name _____ D.O.B. _____ Weight _____

Standard Over the Counter/PRN Medicines (The following medications are available in the infirmary and will be administered at the discretion of an RN):

DRUG NAME	ROUTE	DOSAGE	SCHEDULE	PROVIDER ORDER	COMMENTS
Tylenol	PO (chewable tabs elixir or tabs)	Per label Instructions by age/weight	Q 4 hr prn for pain or fever > _____	Yes /No	
Ibuprofen	PO (chewable tabs, suspension or tabs)	Per label Instructions by age/weight	Q 6 hr prn for pain or fever > _____	Yes /No	
Robitussin	PO (syrup)	Per label Instructions by age/weight	Q 4 hr prn for cough	Yes /No	
Immodium	PO (liquid or tablets)	Per Label Instructions by age/weight	As ordered for diarrhea	Yes /No	
Children's Mylanta	PO (chewable tabs, elixir or tabs)	Per label Instructions by age/weight	BID-TID prn for upset stomach	Yes /No	
Dramamine	PO (chewable tabs - 50 mg)	Per label Instructions by age/weight	Q 6 - 8 hrs for motion sickness	Yes /No	
Dimetapp	PO (elixir or tabs)	Per label Instructions by age/weight	Q 6 - 8 hrs for nasal congestion/ drainage	Yes /No	
Benadryl	PO (elixir, chewable tabs or pills)	Per label Instructions by age/weight	Q 6 hr prn for allergic reaction (hives, insect bites)	Yes /No	
Sudafed	PO (tablets or liquid)	Per label Instructions by age/weight	Q 4 - 6 hrs for allergies	Yes /No	
				Yes /No	
				Yes /No	

Physician's Name: (please print) _____

Physician's Signature: _____

Telephone # _____ Date: _____