

Cooperstown Baseball Camp
 PO Box 704, Cooperstown, NY 13326
 Email: info@cooperstownbaseball.com
 Phone: (607) 293-7324

Individualized Medical Orders
Standard Over-the-Counter Medications

CAMPER NAME: _____

CAMPER WEIGHT: _____ lbs. **DATE OF BIRTH:** ____/____/____

HEALTHCARE PROVIDER NAME: _____ **LICENSE #:** _____

ADDRESS: _____

HEALTHCARE PROVIDER SIGNATURE: _____ **DATE:** ____/____/____

*The following medications are available from the camp Health Director and will be administered at the discretion of the camp Health Director, **if approval** is ordered by the Healthcare Provider below. You do not need to send these over-the-counter medications to camp.*

DRUG NAME	ROUTE	DOSAGE	SCHEDULE and INDICATIONS	PROVIDER ORDER <i>Circle one</i>	COMMENTS
Acetaminophen (Tylenol) 325 mg	PO (chewable tabs, elixir, tabs)	Per label instructions by age/weight	Q 4 hr prn for pain or fever > _____ °F	YES NO	
Analgesic balm (Mineral Ice)	topical	Per label instructions by age/weight	muscle aches	YES NO	
Antibacterial Ointment (Bacitracin)	topical	Per label instructions by age/weight	abrasions, cuts, scratches, minor infections	YES NO	
Anti-Diarrheal Loperamide Hydrochloride (Imodium A-D)	PO (liquid, chewable tabs)	Per label instructions by age/weight	TID prn for stomach upset (no > 4 doses in 24 hr) nausea, heartburn, indigestion, upset stomach, and diarrhea	YES NO	
Calamine lotion	topical	Per label instructions by age/weight	as directed for itches, bites, skin irritations, rashes	YES NO	
Cetirizine (Zyrtec)	PO (tablets, liquid)	Per label instructions by age/weight	signs/symptoms of allergy: runny or itchy nose, sneezing, itchy, watery eyes, itchy throat	YES NO	
Diphenhydramine (Benadryl) 25 mg	PO (elixir, chewable tabs, pills)	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)	YES NO	
Diphenhydramine ointment (Benadryl ointment)	topical	Per label instructions by age/weight	as directed for itches, bites, skin irritations, rashes	YES NO	
Ibuprofen (Motrin/Advil) 200 mg	PO (chewable tabs, suspension, tabs)	Per label instructions by age/weight	Q 6 hr prn for pain or fever > _____ °F	YES NO	
Loratadine (Claritin)	PO (tablets, liquid)	Per label instructions by age/weight	signs/symptoms of allergy: runny or itchy nose, sneezing, itchy, watery eyes, itchy throat	YES NO	
Povidone Iodine swab	topical	Per label instructions by age/weight	wound disinfectant	YES NO	
Sunscreen and Lip Balm	topical	Per label instructions by age/weight	sun protection	YES NO	
tolnaftate (Tinactin) or equivalent	topical, liquid, powder	Per label instructions by age/weight	as directed for athlete's foot, jock itch, fungal rash	YES NO	

Please list any additional approved OTC Medications on the reverse side.