

Arts and Smarts Summer Camp at The Grace School



Meeting Street
The Grace School

MEDICATION FORM Summer 2019

Camper's Name: _____ DOB: ____/____/____

Allergies: _____

Medical Issues and/or Medications taken at HOME:

1. _____	3. _____
2. _____	4. _____

Prescribed medications TO BE ADMINISTERED AT CAMP between 8:30 and 1:30 p.m.

Medication/Feeding/Treatment	Dose/Amount <small>(Please include rate if G-tube feeding)</small>	Time(s) to be administered

Initial and give details for OTC medications / preparations to be given at camp:

Children's Liquid Acetaminophen 160 mg/5 mL INITIAL _____	<u>Dosage</u> () 24-35lbs-1tsp () 36-47lbs-1 1/2tsp () 48-59lbs-2tsp () 60-71lbs-2 1/2tsp () 72-95lbs-3tsp () Other _____	<u>How often?</u> () Every 4 hours () Every 6 hours	<u>When to be given?</u> () Discomfort () Fever above 101 () Other:
Children's Liquid Ibuprofen 100 mg/5 mL INITIAL _____	<u>Dosage</u> () 24-35lbs-1tsp () 36-47lbs-1 1/2lbs () 48-59lbs-2tsp () 60-71lbs-2 1/2lbs () 72-95lbs-3tsp () other _____	<u>How often?</u> () Every 4 hours () Every 6 hours	<u>When to be given?</u> () Discomfort () Fever above 101 () Other:
Adult-Strength Acetaminophen Tablets INITIAL _____	<u>Dosage</u> () 325 mg. tablet(s) () 500 mg. tablet(s)	<u>How Often?</u> () Every 4 hours () Every 6 hours	<u>When to be given?</u> () Discomfort () Fever above 101 () Other:
Children's Liquid Benadryl / Diphenhydramine 12.5 mg/ 5 ml INITIAL _____	<u>Dosage</u> () 12.5 mg (5ml) () 25 mg (10ml)	<u>How Often?</u> () Every 4 hours () Every 6 hours	<u>When to be given?</u> () Allergic Reaction () Sneezing () Congestion

PLEASE NOTE: Form is not valid unless signed by child's doctor and we can only administer between the hours of 8:00 a.m. -1:30 p.m.

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PHYSICIAN SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____
(Authorizing Administration of above Medications)

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