

## NON- PRESCRIPTION MEDICATIONS

The New York State Health Department requires that we provide you with a list of the non- prescription medications that are used by the Adirondack Camp Infirmary. The form must be signed by you and your child's physician authorizing the camp to administer these medications. Please review this list with your physician and cross out any medications you do not wish your child to receive.

### **Both parent and doctor must sign the form.**

Please be aware the Infirmary primarily provides generic forms of the medications listed below.

Camper Name: \_\_\_\_\_

#### Pain/Discomfort

1. Ibuprofen (Motrin, Advil) - 10mg/kg every 6-8 hours as needed
2. Acetaminophen (Tylenol) - 10-15mg/kg every 4 hours as needed

#### Cold/Allergy

1. Benadryl (diphenhydramine) - every 4-6 hours as needed  
0.5mg/kg- allergy symptoms  
1mg/kg- severe allergic reaction/ anaphylaxis
2. Pseudoephedrine (Sudafed) - every 4 hours as needed for congestion  
Age < 12 – 1 tab  
Age > 12 – 2tabs
3. Chlorpheniramine (CTM) -every 4-6 hours as needed for congestion  
Age < 12 – \_ tab  
Age > 12 – 1 tab

\*cough syrup and dextromethorphan will no longer be administered in accordance 2006 recommendations of the American Academy of Pediatrics

#### Stomach Discomfort

1. Tums (calcium carbonate) – 2 tabs as needed
2. Loperimide (Imodium) – for diarrhea  
6-8 yrs – 15ml – may repeat once/24 hours  
9-11 yrs – 15 ml – may repeat twice/24 hours  
> 12 yrs – 30ml – may repeat once/24 hours
3. Pepto-Bismo (Bismuth subsalicylate) – for nausea/ upset stomach  
> 12 yrs – 60ml every 3-4 hours as needed

Topicals

1. Clotrimazole (Lotrimin) – anti-fungal  
Apply twice daily to affected area
2. Tolnaftate (Tinactin) – Anti-fungal  
Apply to affected areas twice daily
3. Anti-itch cream (diphenhydramine cream 2%)  
Applied to bug bites/rashes as needed
4. Triple anti-biotic ointment (bacitracin, neomycin, polymixin)  
Applied to cuts and scrapes as needed
5. Calamine Lotion  
Applied as needed to rashes/bug bites
6. Caladryl  
Applied as needed to rashes/ bug bites
7. Afterbite (Ammonia)  
Applied as needed to bug bites
8. Swimmer’s Drops (alcohol 95%)  
4-5 drops both ears after swimming as needed
9. RID or Nix Lice shampoo as needed
  
10. Normal Saline - Eye rinse as needed

Miscellaneous

1. Dimenhydrinate (Motion sickness tablets)  
6-12 yrs 1 tab every 4-6 hours as needed  
>12 yrs 1-2 tab every 4-6 hours as needed

Follow-up is required with a physician for temperature over 101 degrees for 24 hours, ear-pain, sprains, strains, persistent cough, sore throat with white patches, eye irritation or any other persistent health concerns

Please list alternative medications that you will be sending with your child here

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PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_