

Medication Orders – Youth Camp - 2025

Delta Lake Bible Conference Center
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Camper Name _____

Gender: M / F _____ Date of Birth ____/____/____

Session (circle one) Ignite (grades 3-5) Launch (grades 6-8) Liftoff (grades 9-12)

<p>Before Camp:</p> <ul style="list-style-type: none"> Written medication orders signed by the MD must be mailed or faxed to camp. Copies of current prescriptions will be accepted for the MD signature when attached to this COMPLETED form. 	<p>During Camp:</p> <ul style="list-style-type: none"> Nursing staff will administer medications to all campers. Medications will be kept in the locked cabinet at the nurses' station.
<p>At Registration:</p> <ul style="list-style-type: none"> All medications must be delivered to the camp nurse by a parent. All medication must be in the original container with the pharmacy label securely attached. Unlabeled medication or preparations will not be accepted. Any corrections to the orders (i.e. additional or discontinued medicines) must have written verification from the MD. 	<p>At End of Camp:</p> <ul style="list-style-type: none"> Campers will be released from the Main Tab. The nursing staff will return all medications to the parent at the Guest Services building. <p>List Camper Allergies: <input type="checkbox"/> No Known Allergies</p> <ul style="list-style-type: none"> _____ _____ _____

There will be limited OTC medications at camp for unexpected health issues. Please indicate if they should be made available to this camper.	Medications	Dosage	Indications	MD approval
	Calamine / Caladryl	as per label	for minor reaction to bug bites	YES / NO
	Antibiotic Ointment	as per label	for minor wounds	YES / NO
	Benadryl	as per label	for allergic reactions	YES / NO
	Acetaminophen	as per label	for relief of pain / fever	YES / NO
	Ibuprofen	as per label	For relief of pain / swelling / fever	YES / NO

Medication	Dosage	Route	Frequency	√ Check times to be given during camp session			
				8a	12n	5p	HS
1.							
2.							
3.							
4.							
5.							
6.							

Physician's Signature _____

Date ____/____/____

PRINT Physician's Name _____

Telephone (____)____ - _____

AND

Parent signed approval: _____

Date ____/____/____