



# Mandatory Physician's Orders

2022

**This page to be completed and signed by Physician**

Return to: 29 Recreation Center Road, Hopewell Junction, NY 12533 845-227-5783  
 845- 227-9685(fax) [recassistant@townofbeekmanny.us](mailto:recassistant@townofbeekmanny.us)

**Individualized Orders for:**

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Standard Over the Counter/PRN Medications:** The following medications are available and will be administered at the discretion of the Health Director or designee, if approval is indicated by the camper's Healthcare Provider.

Drug Name	Route	Dosage and	Indications	Physician's Order	Comments
Antibiotic Ointment	Topical	Per label Instructions	Superficial Cuts/abrasions	Yes No	
Hydrocortisone Cream	Topical	Per label Instructions	Allergic Reactions, (contact dermatitis, insect bites)	Yes No	
Calamine Lotion (or Generic)	Topical	Per label Instructions	Allergic reactions (hives, insect bite)	Yes No	
Saline Solution/ Eye Wash		Per label Instructions	Dust/Sand In Eyes	Yes No	
Sting Stop	Topical	Per label Instructions	Insect bite	Yes No	
Alcohol Wipes	Topical	Per label Instructions	Superficial Cuts/ Abrasions	Yes No	

**Prescription Medications:** This includes Epi-Pen's, Ritalin, etc. **Camper MUST BE able to SELF-ADMINISTER.** Please complete with the patient's current regimen for both scheduled and PRN medications.):

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments

**Please attach an Immunization Record for the child** and by signing below, certify that the attached list of immunizations submitted reflect the required/recommended immunizations for the following diseases:

- Diphtheria
- Haemphilus influenza B
- Hepatitis B
- Measles
- Mumps
- Pertussis
- Poliomyelitis
- Rubella
- Tetanus
- Varicella – chicken pox

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ License#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_