



Cornell Cooperative Extension
Schuyler County



Dear camp families,

Please complete and submit the **medication release form** below if your camper needs any over-the-counter (OTC) or prescription medications during their stay at camp. You must check the box to indicate your consent or refusal for the camp nurse to administer medication to your camper. Additionally, you must also sign in the parent/guardian signature space for the form to be complete. The rest of the form will be completed and signed by your camper's healthcare provider. *Please send forms to your provider as soon as possible to help avoid delays.* It takes time for providers to fill out forms due to scheduling, vacations, or other reasons they may share. ***No camper will receive any over-the-counter or prescription medication without the medication release form filled out completely and signed by a provider.**

Once the **medication release form** is complete you may upload the **medication release form** along with a physical exam report (within 2 years of the time your camper attends camp) and a recent immunization record to the document center by clicking on the upload button. The physical and immunization forms are provided by your provider. Please scan these documents using a **scanner or a scanning app** on your phone or computer. **We cannot accept photos of these documents.** You can find phone scanning apps in the app store such as Adobe Scan.

The deadline for submitting all health documents and camp forms is **May 1st**. If you register for camp after **May 1st**, we must receive the health documents and camp forms **15 business days** before your camper arrives at camp. Please use the document center in UltraCamp to upload all documents under the **medication release form**, physical, and immunization link.

If you have any questions or concerns, please contact Dayna Karius at dk576@cornell.edu for assistance.

2025 Hidden Valley 4H Camp Medication Approval Form

➔ For Completion by Parents and Physician, PA, or NP if medication is to be administered at camp

Campers Name: _____

Standard Over the Counter/PRN Medications (medications available in the Infirmary/First Aid Kit; to be administered at the discretion of the camp health coordinator), if approval is indicated by the parent and camper's healthcare provider

My child may receive medications, including prescription and/or over-the-counter, during their time at camp.

YES. The camp health coordinator may provide necessary medications (prescription and/or over-the-counter) for my child.

Note: A Healthcare Professional's signature is required below.

NO. I do not authorize any medications to be given to my child while they are at camp. Please contact me in the event my child would need any medication.

➔ **Parent/Guardian Signature:** _____ **Print Parent/Guardian Name:** _____

MEDICATIONS: Please note that all medications (prescription and over the counter) must be given to the camp health coordinator upon arrival at camp, in the original container. Prescription medications must also have a copy of the Doctors orders, including directions on how to dispense.

Medication	Instructions for use	Reason

To be completed by a Licensed Physician, PA, or NP in order to attend Camp

INDIVIDUALIZED STANDING ORDERS FOR:		Name	DOB	Weight		COMMENTS
DRUG	ROUTE please circle preferred formulation(s)	DOSAGE	SCHEDULE	PROVIDER ORDER		
Acetaminophen (Tylenol)	PO (chewable tabs, elixir, or tabs)	Per label instructions by age/weight	Q4 hr. prn for pain or fever>_____	Yes	No	
Ibuprofen	PO (chewable tabs, suspension, or tabs)	Per label instructions by age/weight	Q6 hr. prn for pain or fever>_____	Yes	No	
Dextromethorphan (Cough Syrup)	PO (syrup)	Per label instructions by age/weight	Q4 hr. prn for cough	Yes	No	
Antacid medication (Pepto-Bismol)	PO (liquid or chewable tabs)	Per label instructions by age/weight	Q 30 min. to hr. prn for diarrhea (no>8 doses/24 hr.)	Yes	No	
Children's Mylanta	PO (chewable tabs)	Per label instructions by age/weight	BID-TID prn for stomach upset	Yes	No	
Dramamine	PO (chewable tabs 50 mg)	Per label instructions by age/weight	Q 6-8 hrs. prn for motion sickness	Yes	No	
Decongestant (Dimetapp)	PO (elixir or tabs)	Per label instructions by age/weight	Q 6-8 hrs. for nasal congestion / drainage	Yes	No	
Diphenhydramine (Benadryl)	PO (elixir, chewable tabs, or pills)	Per label instructions by age/weight	Q 6 hr. prn for allergic reaction (hives, insect bite)	Yes	No	
A&D Ointment	Apply to skin	Per label instructions by age/weight	Per label instructions by age/weight	Yes	No	
Calamine Lotion	Apply to skin	Per label instructions by age/weight	Per label instructions by age/weight	Yes	No	
Caladryl	Apply to skin	Per label instructions by age/weight	Per label instructions by age/weight	Yes	No	
Hydrogen Peroxide	Apply to skin	Topical dilution only	Per label instructions by age/weight	Yes	No	
Hydrocortisone	Apply to skin	Per label instructions by age/weight	Per label instructions by age/weight	Yes	No	
Triple Antibiotic Ointment	Apply to skin	Per label instructions by age/weight	Per label instructions by age/weight	Yes	No	
Cough Drops	PO (Drops)	Per label instructions by age/weight	Per label instructions by age/weight	Yes	No	

➔ **PHYSICIAN'S, PA, or NP SIGNATURE** _____

PRINT _____

Provider Name: _____ Phone: _____

License # _____ Date: _____