

**MEDICATION ORDERS FOR MIT CAMP
TO BE FILLED OUT BY PHYSICIAN
ONLY IF CAMPER WILL BE TAKING MEDICATION WHILE AT CAMP**

MIT Medical Department
77 Mass. Ave. Cambridge
617 253 1505
(contact phone number for camp nurse practitioner)

Name of camper: _____ **Session dates:** _____

1. Emergency Medications.

Inhaled Medications: _____ give 1-2 puffs: (time of camp day) _____

My child can carry and self administer this medication – if yes check box at left

Injectable Medications _____

Other Medications _____

My child has severe allergy to: _____

Anaphylaxis Protocol (for severe reaction – short of breath, tongue/throat swelling, dizziness, vomiting)

EpiPen _____mg. Inject into outer thigh and hold for count of 6.

Benadryl _____tsp given by mouth.

Please have the counselor carry my child's EpiPen.

My child's EpiPen will be in the zipper pocket of the backpack.

2. Other Medications

These medications should be administered during the day at camp.

This includes any medications or prescriptions, such as Tylenol or Sudafed.

Medication must be labeled with camper name, with directions clearly stated.

Inhaled Medications: _____ give 1-2 puffs: (time of camp day) _____

My child can carry and self administer this medication – if yes check box at left

Oral Medications _____ times/day

Nasal Medications _____ times/day

Other Medications _____

This child's health care professional has reviewed this action plan with parent/guardian.

Signature of physician/nurse practitioner

Signature of parent/guardian

Date: _____