

**LINCOLN MIDDLE SCHOOL**  
**Camp Bournedale**  
**Standing Orders**

Student Name \_\_\_\_\_

The above student is allowed to have the following medication.  
(Dosage will be given according to age and weight of the student)

**Please check.**

\_\_\_ acetaminophen (Tylenol)

\_\_\_ Benadryl

\_\_\_ ibuprofen (Motrin, Advil)

\_\_\_ Bacitracin ointment

\_\_\_ Tums

\_\_\_ Calamine lotion

(**Only** the above medications will be supplied by Camp Bournedale)

Parent/Guardian signature \_\_\_\_\_

School Physician signature *Julie Allen*

**All other medication must have an order from the prescribing physician.**