



Medication Orders

Peniel Bible Conference, 336 Lake Tour Rd, Lake Luzerne, NY 12846
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This form is NECESSARY for all campers receiving medication while at camp INCLUDING prescription and over the counter medications.

Camper Name: _____ Date of Birth: _____ Gender: M / F

Dates attending camp: _____ - _____

Before arriving at camp:

- This form, MEDICATION ORDERS, signed by the MD and parent, must be mailed or brought to registration day.
- Copies of current prescriptions will be accepted for the MD signature when attached to this completed form.

When you arrive at camp:

- All medications must be delivered to the camp nurse.
- All medications must be in the original container with pharmacy label attached. Unlabeled medication will NOT be accepted.

During camp:

- The nursing staff will administer all medications.
- ALL medications will be kept in the locked cabinet at the nurses' station.

When you leave camp:

- Medication will be returned to the parent or guardian by a staff member.

TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Please indicate MD approval (or not) for the following for this camper:

YES / NO	Calamine/ Caladryl	as per label	for a minor reaction to bug bites
YES / NO	Antibiotics Ointment	as per label	for minor wounds
YES / NO	Acetaminophen	as per label	for relief of pain/ fever
YES / NO	Ibuprofen	as per label	for relief of pain/ swelling/ fever

	Prescription Medication	Dosage	Route	Frequency	Circle time to be given at camp:			
1.	_____	_____	_____	_____	8AM	Noon	5PM	Hr. of Sleep
2.	_____	_____	_____	_____	8AM	Noon	5PM	Hr. of Sleep
3.	_____	_____	_____	_____	8AM	Noon	5PM	Hr. of Sleep
4.	_____	_____	_____	_____	8AM	Noon	5PM	Hr. of Sleep

Physician's Signature _____ Date _____

PRINT Physician's Name _____ Telephone _____

Physician's Address _____

TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN:

Please check here _____ giving Parental permission for PBC staff to administer P.R.N., sunblock and/or bug spray. If so, please pack these items and label them with your child's name in permanent marker. PBC is not responsible to supply any P.R.N. medications listed within this form.

Please check here _____ to give your child permission to carry and use sunscreen at camp.

Meningococcal Meningitis Vaccination Response

___ My child has had the meningococcal meningitis immunization within the past 10 years

___ I have read, or have had explained to me information regarding meningococcal meningitis disease. I understand the risks of not receiving the the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease. (check here if child is not old enough to receive the vaccine (first dose recommended age 11-12)

Parent Signature: _____ Date _____

Meningococcal Disease

New York State Department of Health Bureau of Communicable Disease Control

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. **What is the treatment for meningococcal disease?**

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States.

Is the vaccine safe? Are there adverse side effects to the vaccine?

The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

What is the duration of protection from the vaccine?

After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us ; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org. Peniel Bible Conference does not offer meningitis vaccines for campers.

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