



HOUGHTON COLLEGE &  
CSEHY SUMMER SCHOOL OF MUSIC  
PHYSICIAN'S WRITTEN ORDERS



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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescription Medications**

must be in the original container and have the camper's name clearly on the container

Drug Name	Route	Dosage	Schedule				Comments / Indications	Physician's Initial
			AM	N	PM	HS		
Epi-Pen								
Inhaler								

**Over the Counter Medications**

including allergy medications/vitamins/supplements

Drug Name	Route	Dosage	Schedule				Comments / Indications	Physician's Initial
			AM	N	PM	HS		
<b>Supplied by Csehy</b>								
Acetaminophen								
Ibuprofen								
Diphenhydramine								
Antibiotic Ointment								
Hydrocortisone Cream 1%								
Tums / Antacid								
Cough Drops								
<b>Supplied by the Camper</b>								
must be in the <u>original container</u> and have the camper's name clearly on the container								
Benadryl								

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Office Stamp:

Your child cannot by NY State law receive **ANY** medications unless it has been authorized by a physician.