



# Camp Medication Request

5 Graphics Drive | Ewing NJ 08628  
inclusionsportspt@gmail.com | Ph: 609 812-2566

Only those medications that are medically necessary during camp hours will be administered.

Persons who may assist your child with medications include the camp director and trained camp staff. Parent/guardian must submit this written request. The medication must be in the original container and properly labeled with student's first and last name. ***This is a state requirement.***

***NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT CAMP***

## Campers information

Campers Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Camp Session \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage (amount) \_\_\_\_\_

Time to be given at Camp \_\_\_\_\_

Reason or Health Problem \_\_\_\_\_

Medication to be given from (dates) \_\_\_\_\_ to \_\_\_\_\_

How is to be given? (Example: by mouth, by inhaler, with food or after meals) \_\_\_\_\_

When was the first dose of this medication given? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone (     ) \_\_\_\_\_