

N2J Summer Camp 2023 Medical Form

Camper Name: _____

Known Allergies: _____

1. Please send all medication in the pharmacy labeled bottle. **DO NOT USE DAILY PILL BOXES.** Be sure there is only enough medication for the week your child is at camp.
2. Scheduled medication administration times are typically after breakfast, after lunch, after dinner, and before bed. If a specific time is required please indicate below.
3. All medications must be turned into the nurse with the exception of fast-acting inhalers and some prescription topical acne ointments (please indicate on list below)
4. You must have a written physician order attached for the nurse to give injected medications. This includes insulin (with sliding scale dosing is used) and growth hormone replacements

Medicine Name	Dose	Times	Instructions	Office Use

Insurance Company (Carrier): _____ Policy Number (Group #): _____

List any history of serious illness, injuries, or surgeries with dates of occurrence: _____

Please list any restrictions of activity due to medical reason: _____

Please list any illness or special needs your child may have: _____

Over the Counter Medications that we may give your child: (Given by the Camp Nurse)

- Children's Tylenol
 Children's Benadryl
 Cough Drops
 Other: _____

Parents of Minors: I hereby agree that medical personnel may administer first aid and necessary medical treatment in case of an emergency and/or refer to local clinic or hospital for treatment.

Parent/Guardian

Date