

**SENIOR, YOUTH AND LEISURE SERVICES
CAMPER MEDICATION FORM**



PLEASE FILL OUT THE INFORMATION BELOW: (Medications must be doctor prescribed, No over the counter medication)

Childs Last Name		Childs First Name			
Allergies		DOB		Age	
Please Circle Group	B2 B3 B4 B5 B6 B7/8 G2 G3 G4 G5 G6 G7/8		Pre-School Kindergarten 1st Grade		Tots Camp

MEDICATIONS		AMOUNT TO TAKE		TIME OF DAY TO BE GIVEN	
1.					
2.					
3.					
4.					
5.					
DOCTORS Name				Date	
Doctors Address				Doctors Phone Number	
Parents Name					
DOCTORS SIGNATURE					

ALL EPI PENS MUST HAVE AN ACTION PLAN ATTACHED FROM THE DOCTOR

Please place ALL medications in a zip lock bag with your child's first/ last name & group.

Senior, Youth and Leisure Services
204 Hillside Ave
Livingston, NJ 07039
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