

**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	Grade in Fall
Please Circle Camp Location	Monmouth Court	Hillside	Mount Pleasant Elementary
			Mount Pleasant Middle
			Harrison

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, grade in Fall 2020, and Camp Location.

Senior, Youth and Leisure Services
204 Hillside Ave
Livingston, NJ 07039
(973) 535-7925