

## **Easter Seals New Jersey - Camping and Recreation**

21 O'Brien Rd · Hackettstown, NJ 07840 · Phone (908) 852-3896 Fax (908) 852-9263 · www.eastersealsnj.org/camp

## **2018 Additional Medication Form**

Participant's Information					
Last Name		First Name			Middle Name
Street			Email		
City	State		Zip		County
Dates will attend camp from (mm/dd/yy to	)	Date of Birth (mm/dd/yy)	Age during camp		□Male □Female
Routine Medication		, ,			ar omale
<ul> <li>☐ This participant will not take any daily medications while attending camp</li> <li>☐ This participant will take the following medication(s) while at camp:</li> </ul>					
Medication and dose		Dosage at each time given	Time		Route and special instructions (crush pills, give w/ applesauce, etc.)
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Other Notes: (Please note any specific instructions regarding possible side effects, duration of time to be administered, activity limits, etc)					
Please copy if more than 10 medic	ations are	to be given or additional for	rms can be do	ownloaded	d from website: www.eastersealsnj.org/camp