

**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		Mount Pleasant Middle		

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

**\*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 2023, and Camp Location.

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