



73 East Valley Brook Road  
Long Valley, NJ 07853  
Phone: (908) 876-3429

## CAMPER MEDICATION FORM

*(Please attach a current photo with  
camper's name printed on the back)*

Office Use Only

G:

B:

**ALL MEDICATIONS, PRESCRIPTIONS AND NON-PRESCRIPTIONS, REQUIRE THE WRITTEN PERMISSION OF THE PHYSICIAN AND PARENT/LEGAL GUARDIAN BEFORE THEY WILL BE ADMINISTERED. MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER, ACCOMPANIED BY FULL INSTRUCTIONS AND BE BROUGHT TO CAMP BY THE PARENT/GUARDIAN OR GIVEN TO A MEADOWBROOK STAFF MEMBER. MEDICATION SHOULD NEVER BE GIVEN TO A CAMPER TO BRING TO OR FROM CAMP. ALL MEDICATIONS MUST REMAIN IN THE MEADOWBROOK NURSE'S OFFICE AT ALL TIMES.**

**Camper Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade Next September:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

Permission is granted to Meadowbrook Day Camp personnel to administer the following medication:

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of day to be issued: \_\_\_\_\_

Begin issuing on: \_\_\_\_\_ Last day to issue: \_\_\_\_\_

Reason for administration: \_\_\_\_\_

If needed, please provide a Nebulizer.

Please provide insert/pharmacy information sheet, if possible.

Possible side effects: \_\_\_\_\_

Physician's Name (please print/stamp): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND GIVE TO A MEADOWBROOK STAFF MEMBER WITH THE MEDICATION TO BE ADMINISTERED IN ITS ORIGINAL CONTAINER.**