



2019 Camp Medication Request

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Only those medications that are medically necessary during camp hours will be administered.

Persons who may assist your child with medications include the camp director and trained camp staff. Parent/guardian must submit this written request. The medication must be in the original container and properly labeled with student's first and last name. ***This is a state requirement.***

NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT CAMP

Campers information

Campers Name _____ DOB ____/____/____

Camp Session _____

Name of Medication _____

Dosage (amount) _____

Time to be given at Camp _____

Reason or Health Problem _____

Medication to be given from (dates) _____ to _____

How is to be given? (Example: by mouth, by inhaler, with food or after meals) _____

When was the first dose of this medication given? _____

Parent/Guardian Signature _____ Daytime Phone () _____

Physician's Name _____ Physician's Phone () _____