

**SENIOR, YOUTH AND LEISURE SERVICES
KIDS CAMP 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		Age	
Please Circle Group	B1 B2 B3 B4 B5 B6 G1 G2 G3 G4 G5 G6 GROUP 7 L.I.T C.I.T Pre-School Kindergarten Play Pals				

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 & group.

Senior, Youth and Leisure Services
204 Hillside Ave
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