

G-TUBE FEEDING & MEDICATION FORM

The League ~ Camping & Therapeutic Recreation
1111 E. Cold Spring Lane, Baltimore, MD 21239 ~ 410-323-0500

Must be signed and dated by a physician.

MUST BE COMPLETED WITHIN ONE (1) YEAR OF ATTENDANCE!!

Participants Name: _____ DOB: _____

Participants Address: _____
Street City/State Zip

IMPORTANT NOTES for PARTICIPANTS USING G-TUBES:

- All medication and dietary supplements (such as Ensure) **MUST** be listed on the Pink Medication Form.
- Participants must bring their own supply of syringes, pumps, bags, and other g-tube supplies. We are not able to supply these at camp.
- All g-tube supplies, medications, and supplements **MUST** be turned in to the Health Center Staff upon check in.

Does this participant use a pump? ____ Yes, ____ No; If no, please describe how feeding and medication is to be given.

Can this participant have anything by mouth? ____ Yes, ____ No; If yes, please describe:

Please describe the mealtime procedures and how often water should be given: Please be very descriptive!

Health Center staff may replace g-tube peg while at camp: ____ Yes, ____ No; If yes, please list any special considerations:

Additional Notes:

Be sure to use this form as a supplement to the Pink Medication Form. Both forms **MUST** be completed prior to the participant's arrival.

Physician Signature: _____ Date: _____

Physician Name/Title (printed): _____

Address: _____ Phone: _____