



## 2023 Medical Treatment Form

Name of Participant: \_\_\_\_\_

Complete a separate form for each of the following pieces of equipment or treatments that will be brought to Camp, including but not limited to:

Epi-pen, Inhaler, Feeding tubes, Insulin, Diastat, Catheter, IV, VNS, CPAP, Nebulizer, Enema, Inspire, Oxygen, Shunt Cleaning, Other

All treatment/procedures will be reviewed by our Staff to ensure that we can accommodate needs

Please note you will need a separate Medical Treatment form for EACH procedure or treatment administered during Camp. If participant has more than this treatment, other forms may be found in the Document Center.

1. Name of medical procedure or medical treatment that will be performed at Camp:

\_\_\_\_\_

2. Specific name of medical device: \_\_\_\_\_

3. Describe the current status/condition for which this medical procedure/treatment is being administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Summarize the intended use of the device with clear, step-by-step instructions on how treatment must be administered at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Provide a detailed description including the name of each component, name of medication, and supplies used in this treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe anticipated problems/concerns about this treatment. Note if there have been no concerns/past problems.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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