FOUNDATION FOR DREAMS, INC.
www.foundationfordreams.org

Dream Oaks Camp Application

Mail to:
Foundation for Dreams, Inc.
16110 Dream Oaks Place Bradenton, FL 34212
For Questions call: (941) 746-5659 - Fax: (941) 745-1409
Email: mpasko@foundationfordreams.org

Last Name: _____ First: _____ Birthdate: _____ Age: _____

Address:

_____

Street/Apt # City State Zip County

○ Male ○ Female Height: _____ Weight: _____ Ethnicity: _____

Camper's Medical History (include primary diagnosis/surgeries, etc.):

_____

_____

_____

_____

Parent/Guardian:

Last Name: _____ First: _____ Email: _____

Best Contact Number: _____ Best time to reach you (circle): Morning/Afternoon/Evening/Any

Place of Employment: _____ Work Phone: _____

Parent/Guardian:

Last Name: _____ First: _____ Email: _____

Best Contact Number: _____ Best time to reach you (circle): Morning/Afternoon/Evening/Any

Place of Employment: _____ Work Phone: _____

Camper lives with: Mother/ Father/ Both Parents/ Caregivers

EMERGENCY CONTACT INFORMATION

Please list a local friend or relative in the event that you cannot be reached during an emergency

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Please include a copy of the camper's health insurance card with the application as this helps expedite the check-in process

FUNDING & SCHOLARSHIP INFORMATION

Tuition Costs:

Weekend Residential: $250 **Summer Day: $400** **Summer Residential $650**

Foundation for Dreams awards scholarships for **partial** support of program fees based on **financial need, client effort** to secure other sources of funding, and consideration of **volunteer commitment**. To apply for a scholarship, please submit the following information to the Camp office **with** your camper application.

County of Residence_____	# of People living in Home:	Annual Household Income:
Please use this area to inform us of any special circumstances your family is having (i.e. Job loss, Family death, etc.):		

Income Verification:

Please submit one copy of either your household's most recent Income Tax Return (1040) or each adult's W2 **with** this application. Scholarships cannot be given without proper paperwork on file. If you are unable to provide the forms requested, please contact the office so that arrangements can be made.

Frequently Asked Questions:

How soon will I know how much my family has received?

Most applications are reviewed within 48 business hours of being received. As soon as this process has taken place, you will receive an acceptance letter via mail and/or email stating your acceptance dates, scholarship amount and balance due.

How do you determine how much scholarship my family will receive?

We use a sliding scale combining the number of household members in relation to the household income. We may also take special circumstance into consideration.

If you have any questions or concerns, please contact our office at 941-746-5659 or by email to mpasko@foundationfordreams.org.

Direct Care Questionnaire

1. The following questions regard mobility.

- Does camper walk independently? Yes or No If yes, please continue to next section.
- Does your camper use braces/AFOS? Yes or No
- Does your camper need assistance with transfers? Yes or No
- Does your camper use (circle) Crutches Walker Wheelchair (Manual/ Electric)

Please use the following space to explain: _____

_____

2. The following questions regard sleep habits.

- Does he/she sleep walk? Yes or No Has he/she slept away from home? Yes or No
- Does he/she sleep through the night? Yes or No Is he/she a restless/light sleeper? Yes or No
- Does he/she have nightmares? Yes or No Does he/she take naps during the day? Yes or No

Please use the following space to explain: _____

_____

3. The following questions regard dressing skills.

- Camper needs which of the following when dressing (circle):
  No Assistance Verbal Assistance Minimal Assistance Full Assistance

Please use the following space to explain: _____

_____

4. The following questions regard toileting skills.

- Does your camper (circle): Wet the bed Get Easily Constipated Use a Foley Catheter/Urinary Bag
- Does your camper wear diapers? Yes or No If yes, please select: Day Night Pool
- Camper needs which of the following when toileting (circle):
  No Assistance Verbal Assistance Minimal Assistance Full Assistance

Please use the following space to explain: _____

_____

5. The following questions regard visual and auditory senses.

- Does your camper wear glasses? Yes or No
- Does your camper have hearing difficulty? Yes or No
- Does your camper wear assistive technology for their hearing difficulty? Yes or No

Please use the following space to explain: _____

_____

6. The following questions regard speech and communication.

- Please select which of the following is applicable to your camper (circle):
  Clear Conversation Difficult to Understand Limited Speech Non-Verbal
- Does your camper use simple signs or ASL to communicate? Yes or No
- Does your camper understand simple speech? Yes or No
- Does your camper use assistive communication tools (PECS, IPad, Etc.)? Yes or No

Please use the following space to explain: _____

_____

7. Is your camper's mental and functional age different than their actual age? Yes or No

- If yes, what is their mental age? _____ What is their functional age? _____

Please use the following space to explain: _____

_____

8. The following questions regard meals at camp.

- Your camper's appetite is generally (circle): Excellent Average Fair Poor
- Does your camper require a special diet? Yes or No
- Does your camper require limited portions? Yes or No
- Does your camper require assistance with feeding/ meal prep? Yes or No

Please use the following space to explain your camper's needs during meal time and list restricted foods or substitutions:

_____

_____

_____

_____

9. Please give the most accurate information and inform our office if there are any changes after submission.

- Does your camper have medically diagnosed seizures? Yes or No
  If yes, Seizure type: _____ Frequency: _____
  Date of last seizure: _____ Medication: _____
- Does your camper have any medically diagnosed allergies? Yes or No
- Does your camper have a cardiac condition or respiratory problems? Yes or No
- Does your camper fatigue easily? Yes or No
- Does your camper have any of the following allergies? Food Environmental Medication

If yes, please use the following space to explain: _____

_____

_____

10. The following questions regard your camper's behavior.

- Has your camper been separated from home before? Yes or No
- Does your camper wander away from groups? Yes or No
- Has your camper ever run away from home/school? Yes or No
- Does your camper have unusual fears? Yes or No
- Are there any precautions you wish to have observed at camp? Yes or No
- Does your camper have dangerous tendencies that could result in harm to self? Yes or No
- Does your camper have dangerous tendencies that could result in harm to campers or staff? Yes or No

If you answered yes to any of the above questions, please use the following space to explain:

_____

_____

_____

11. What types of behaviors does your camper exhibit when he/she is unhappy? _____

_____

_____

12. Please use the following space to explain how you handle your camper's behaviors (i.e. positive reinforcements, activities that are calming and rewards that your camper likes to work for):

_____

_____

_____

_____

If applicable, please attach your camper's behavior management plan and/or IEP, as it relates to behavior.

13. Does your camper require one-to-one supervision while at school? Yes or No If yes, please explain:

_____

_____

Program Questionnaire

Listed are possible programs that your child **may** experience while attending Dream Oaks Camp.

Music & Movement	Swimming	Horseback Riding	Arts & Crafts	Yoga
Nature Studies	Boat Rides	Cooking	Canoeing	Campfires
Scavenger Hunts	Sports & Games	Dances	Science	Drama & Skits

1. Are there strategies that have been effective when participating in any of the above activities? Please explain.

_____

_____

2. May your camper participate in the following programs?

Swimming? Yes or No Horseback Riding? Yes or No Boat Ride/Canoeing? Yes or No

- ❖ Can your child swim independently? Yes or No
- ❖ Does your camper need assistive floatation devices? Yes or No
- ❖ Does your child have a feeding tube? Yes or No

  If so, how do you protect that area during water activities? _____
- ❖ Does your camper wear socks in the water? Yes or No
- ❖ Is your child prone to having ear infections after water activities? If yes, explain how can we prevent them.

  _____

3. What is your campers dominate hand? Right Hand Left Hand Either Hand

4. Does your camper have a favorite activity? Please explain.

_____

_____

5. Is your camper sensitive to the heat or the sun? If yes, please explain.

_____

6. Does your camper have any restrictions or limitations during physical activity? If yes, please explain.

_____

7. Does your camper struggle with sensory processing? If yes, please explain.

_____

_____

8. Would your camper benefit from a sensory room type setting? If yes, what equipment would best work for your child?

_____

_____

9. What is your camper's favorite piece of equipment on a playground? _____

_____

Please use the following space to give us any information you may feel was not answered in the above questionnaires.

_____

_____

_____

CHECK OUT PROCEDURE:

Camp staff will not release your camper to anyone other than the parent or guardian without prior written authorization. I authorize Foundation for Dreams, Inc and Dream Oaks Camp staff to release this camper to the following person(s):

Name _____ Relationship to Camper _____

Name _____ Relationship to Camper _____

If there are any custody issues that our staff should be aware of, please contact our Executive Director or Director of Camp Operations prior to attending.

Please read the following statements carefully and sign your name to each.

ACCEPTANCE CONDITIONS

Foundation for Dreams, Inc and Dream Oaks Camp reserves the right to refuse to provide services to any individual if the camp staff determines that the individual cannot be provided with adequate support by Dream Oaks Camp. These decisions are made on an individual basis, by the Executive Director, Director of Camp Operations and/or Nurse. Parents/Guardians will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Health Examination Form which must be completed signed by a physician, M.D., must indicate that there is no evidence of any condition that might present health or safety risks to the camper, other campers or staff members.

Applications and Medical Paperwork must be submitted annually.

I agree to the acceptance conditions above. Should it become necessary for my camper to leave camp, or any Foundation for Dreams, Inc or Dream Oaks Camp function, for any reason, I will make provisions to bring the camper home. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to Foundation for Dreams, Inc and Dream Oaks Camp. I agree to notify Foundation for Dreams, Inc and Dream Oaks Camp of any changes that need to be made in this application before camp.

Name: _____ Signature: _____ Date: _____

Relationship to camper: _____

ASSUMPTION OF RISK:

I, _____ (Parent/Guardian), of _____(camper), who desires to participate in the activities offered and organized by Foundation for Dreams, Inc and Dream Oaks Camp, hereby acknowledge that I am aware of potential significant risks associated with participation in camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, my spouse and my successors, I willingly assume such risks. By signing this document I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp.

Yes ☐ No ☐ Parent/Guardian Signature: _____

PERSONAL PROPERTY:

I, _____ (Parent/Guardian) recognize that Foundation for Dreams, Inc and Dream Oaks Camp cannot accept responsibility for camper's personal property. To help eliminate losses, the undersigned ensures that **all clothing is labeled with camper's name and a list of belongings has been included in luggage.**

Yes ☐ No ☐ Parent/Caregiver Signature: _____

ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY

I, _____ (Parent/Guardian), hereby acknowledge that I have voluntarily applied to engage _____ (camper) in the activity of horseback riding with the Foundation for Dreams, Inc and Dream Oaks Camp, Prospect Riding Center and Wolfe's Born to Ride LLC. I understand that the activity of horseback riding involves numerous risks, including loss of control, collisions and obstacles, whether they are obvious or not obvious. I further understand that an animal, irrespective of its training and usual past behavior and characteristic, may act or react unexpectedly or unpredictable at times, and I also assume such risks. I understand that my camper may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including: breaks, growth, debris, rocks, cliffs and other hazardous surfaces or subsurface conditions and obstacles, whether they are obvious or not apparent, man-made or natural. I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death associated with horseback riding, whatever the cause. I understand that the equipment being used at Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe's Born to Ride, LLC is maintained to the best of their abilities. I agree to assume all risk of injury or death caused by equipment failure, whatever the cause. As consideration for being permitted by The Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe's Born to Ride, LLC to engage in the activity of horseback riding, I do hereby waive any claim, and release The Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe's Born to Ride, LLC and all owners, officers and members, affiliated organizations, horse and land owners, agents and or employees for any injury or death caused by, or resulting from my camper's participation in the activity of horseback riding. This contract shall be legally binding upon my estate, assigns, my personal representatives, and self. Pursuant to Florida Statute §773.04, the following warning applies: UNDER FLORIDA STATE LAW, AN EQUINE ACTIVTY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICPANT IN EQUINE ACTIVITES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITES. I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this contract on behalf of my camper of my own free will. THIS IS A RELEASE OF LIABILITY. By signing this release, you agree to the terms outlined in this agreement.

Parent/Caregiver Signature: _____

PHOTO RELEASE:

I, _____ (Parent/Guardian), consent to and authorize the use and reproduction by Prospect Riding Center and Wolfe's Born to Ride, LLC of any and all photographs and any other audio / visual materials taken of _____ (camper) for promotional material, educational activities, exhibitions or for any other use for the benefit of all three programs.

Yes ☐ No ☐ Parent/Caregiver Signature: _____

MEDIA RELEASE:

I, _____ (Parent/Guardian), hereby give consent to Foundation for Dreams, Inc and Dream Oaks Camp, to photograph my camper and, without limitation, to use such pictures and/or stories in connection with any of the work of said Foundation for Dreams, Inc and Dream Oaks Camp without consideration of compensation of any kind, and hereby release said Foundation for Dreams, Inc and Dream Oaks Camp Dreams from any claims whatsoever which may arise.

Yes ☐ No ☐ Parent/Caregiver Signature: _____

CAMP SLIDESHOW DVD:

We will be offering the Friday Camp Slideshow on DVD for a donation at the end of the week. The undersigned does hereby give consent to Foundation for Dreams, Inc and Dream Oaks Camp to use photographs of said child in the Camp Slideshow DVD.

Yes ☐ No ☐ Parent/Caregiver Signature: _____

ACKNOWLEDGE AND RELEASE TO FUNDING AGENCY

I, _____ (Parent/Guardian), hereby acknowledge and release to the Foundation for Dreams, Inc and Dream Oaks Camp my camper's records which may be required by a Funding Agency for purposes of monitoring and evaluating services.

Child's/Camper's Name_____

Parent/Guardian Signature_____ Date_____

ACKNOWLEDGE AND RELEASE TO MANATEE COUNTY GOVERNMENT

I, _____ (Parent/Guardian), understand that this program receives funding from Manatee County Government and that from time to time County representatives may request access to any or all Agency records relating to this program and/or the delivery of its services for the purposes of evaluating or monitoring the program or delivery of service. I understand that any records provided to the County shall become public records, may be subject to any applicable state or federal exemptions, and may be inspected by third persons.

Child's/Camper's Name_____

Parent/Guardian Signature_____ Date_____

ACKNOWLEDGE AND RELEASE TO FOUNDATION FOR DREAMS, INC AND DREAM OAKS CAMP

I, _____ (Parent/Guardian), hereby recognize that Foundation for Dreams, Inc and Dream Oaks Camp cannot accept responsibility for camper's personal electronic devices. I hereby release and forever discharge Foundation for Dreams, Inc and Dream Oaks Camp and all of the employees, consultants, officers, volunteers, or agents of those entities, including sponsoring agencies for the Program, and all others associated with producing and administering the Foundation for Dreams, Inc and Dream Oaks Camp, from and against any liability, including but not limited to damage to electronic property.

Child's/Camper's Name_____

Parent/Guardian Signature_____ Date_____

MEDICAL RELEASE:

I, _____ (Parent/Guardian), authorize that in the event that an emergency should arise while _____ (camper) is at, going or returning from, camp requiring medical or surgical care or treatment, Foundation for Dreams, Inc and Dream Oaks Camp staff may select and designate nurses, physicians, and surgeons to furnish such medical and/or surgical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of Florida, may be needed and proper. I authorize Foundation for Dreams, Inc and Dream Oaks Camp staff to render any aid and assistance to my camper, and to administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life threatening conditions (e.g., EpiPen, inhaler), will be carried by a camp staff member and I authorize their use for my camper as needed. I agree to pay for any prescribed medication or treatment my camper may need. I release and absolve Foundation for Dreams, Inc and Dream Oaks Camp, and nurses, physicians, and surgeons selected and designated by them, from any and all liability for their acts rendered in good faith. **Parents/Guardians will be notified immediately of any treatment sought.**

Parent/Caregiver Signature: _____

RELEASE AND WAIVER:

In consideration of the permission granted by Foundation for Dreams, Inc and Dream Oaks Camp for _____ (camper) to participate in activities at camp

I, _____(Parent/Guardian), hereby agree to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin, may or might have against Foundation for Dreams, Inc and Dream Oaks Camp, its officers, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. I further agree to indemnify and hold harmless Foundation for Dreams, Inc and Dream Oaks Camp from any loss, liability, damage or costs that may be incurred due to the acts of the camper during the camper's participation in activities at camp.

Yes ☐ No ☐ Parent/Caregiver Signature: _____

FOUNDATION FOR DREAMS, INC.
www.foundationfordreams.org

Foundation for Dreams
Goal Attainment Form/Program Intake Form

The mission of the Foundation for Dreams is to celebrate the abilities and develop the strengths of children ages 7-17 with special needs and chronic illnesses by collaborating with families to provide individualized, result-based goals, family support and recreation in a camp environment.

We wholeheartedly believe that a child should be recognized as an individual, not by their disability. For this reason, each activity is designed to meet the specific needs of each camper by adapting strategies to highlight their strengths, not their limitations. By providing low direct care staff to camper ratios, staff can focus on modifying each activity and providing goal-centered strategies to help campers grow their skills, confidence and independence while building meaningful relationships in a safe environment!

It is our goal to collaborate with parents, teachers and therapists so that there is fluidity between home, school and camp. As a parent/caregiver, you may consider it helpful to have our staff continue progress towards IEP goals that are compatible with camp. Working towards specific goals at camp encourages development that can be sustained and grown across multiple settings.

We use research-based practices to monitor and facilitate specific targeted goals for each child. These goals fall within 4 domains:

1) **Social Interaction**: developing social understanding/awareness, engaging in appropriate play/interaction, understanding rules/emotions, increasing eye contact/verbalization, etc.
2) **Activities of Daily Living**: transferring/walking, dressing, eating/preparing food, etc.
3) **Health and Hygiene**: bathing, grooming, oral care, toileting, increasing awareness/participation of medical needs, coping skills/emotional regulation, etc.
4) **Behavior Strategies**: transitioning, decreasing problem behaviors, following directions, self-monitoring, self-control, participation, etc.

Please list 2-3 specific goals that you or your child's support team want staff to work on at camp:

1. _____
_____

2. _____
_____

3. _____
_____

FOUNDATION FOR DREAMS, INC.
www.foundationfordreams.org

Foundation for Dreams, Inc and Dream Oaks Camp
Physical and Medication Administration Form A
(This form must be completed by your child's physician)

Medications will not be administered, unless they are approved by your health care provider (FORM A) and, if necessary, any changes in medication information after submission of this form need to be documented (FORM B).

It's important that you follow the guidelines *exactly*.

All campers, **regardless of age or level of independence,** will have medications administered by the Camp Nurse.

PRESCRIPTION MEDICATION

- All prescription medications require permission for administration by your health care provider.
- All products **must** be in their **original container.**

NON-PRESCRIPTION MEDICATION / SUPPLEMENTS/HERBS

- All non-prescription medications require permission for administration by your health care provider.
- All products **must** be in their **original container.**

ADDITIONAL REQUIREMENTS

- Medication Administration Changes – FORM B
  - Form B will need to be submitted **only** if there are any changes in medication between the time the health care provider originally signs this document (FORM A) and the start of the camp session.
  - If medications that have changed are essential for your child's health, we are not permitted to admit them to camp until proper documentation is provided.
- All medications **must** be delivered…
  - in the **current** prescription bottle, and with **only** the number of doses needed during camp plus 1-2 extras. Anything more may be sent home with you at check-in.
  - with labels that are **clear** to read.

We are unable to accept any Prescription medication/ Non-prescription medication / Supplements any other way.

PLEASE PROVIDE THE FOLLOWING TO THE NURSE AT CHECK-IN:

- Medications in their original containers, and only the number of doses needed for camp, in a Ziploc bag labeled with the camper's first and last name.
- Please bring Form B completed, as needed for any recent medication changes

Parent/Legal Guardian Permission to Obtain Medical Treatment

The undersigned hereby consents to the Participant receiving medical treatment that may be deemed advisable in the event of injury, accident and/or illness while attending Dream Oaks Camp, and the undersigned further assumes liability for all medical expenses and all other damages and expenses resulting from any injury, accident and/or illness in connection with a Foundation for Dreams or Dream Oaks Camp sponsored activity and/or event.

Printed Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Phone Number(s): _____

Dream Oaks Camp - 16110 Dream Oaks Place, Bradenton, Florida 34212
Phone: 941-746-5659 Fax: 941-745-1409

FOUNDATION FOR DREAMS, INC AND DREAM OAKS CAMP
PHYSICAL and MEDICATION ADMINISTRATION FORM A
(This form must be completed by your child's physician)

Name of Camper: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **Temp:** _____ **Pulse:** _____ **Resp:** _____ **BP:** _____

Immunizations up to date: Yes ☐ No ☐ **Allergies:** _____

Diagnosis/Significant Health History: _____

Recent Hospitalization or Surgery: _____

Any limitations for participation: _____

Health Care Provider approval for administration of the following
Prescription and Non- Prescription Medication (including supplements and herbs):
(Additional boxes for medications are located on the back side of this form)

Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:

Camp nurse may administer age/weight appropriate dose of the medications listed below.

Ibuprofen (Motrin/Advil)	□ Yes	□ No	Milk of Magnesia	□ Yes	□ No
Acetaminophen (Tylenol)	□ Yes	□ No	Triple Antibiotic Ointment (Neosporin)	□ Yes	□ No
Hydrocortisone Cream	□ Yes	□ No	Antacid (Tums/Mylanta)	□ Yes	□ No
Diphenhydramine (Benadryl)	□ Yes	□ No	Pepto Bismal	□ Yes	□ No
Dulcolax or Bisacodyl tabs	□ Yes	□ No	Sunscreen	□ Yes	□ No
Glycerin suppository or Enema	□ Yes	□ No	Anti-diarrhea (Leperamide/Immodium)	□ Yes	□ No
Epipen (Allergic Reactions)	□ Yes	□ No			

Does this camper have a diagnosis, such as Atlantoaxial Instability or any other, that will prevent him/her from participating in any activities such as climbing, horseback riding, or outdoor activities? □ Yes □ No If yes, please explain.

_____

_____

***Health Care Provider Approval:* (This form must be completed by your child's physician)**

I have examined this camper and find him/her to be in satisfactory physical condition and capable of active participation in Dream Oaks Camp programs. I approve the administration of the above prescription/non-prescription medication/supplements. Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies including riding. I understand that Prospect Riding Center will weigh the medical information given against the existing precautions and contraindications.

Printed Name of Health Care Provider: _____

Health Care Provider Signature: _____ **Date:** _____

Health Care Provider Office *Phone* Number: _____ **Fax Number:** _____

Health Care Provider Office Address: _____

FOUNDATION FOR DREAMS, INC AND DREAM OAKS CAMP

PHYSICAL and MEDICATION ADMINISTRATION FORM A (CONT.)

Please use this form for medication that may have not been able to fit on the front side of Form A

Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
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