

ADDITIONAL MEDICAL NEEDS

Submit by July 6, 2020

Please send enough supplies for 4 days as well as extra supplies. Please send all required equipment and extra batteries for your pumps.

Camper's Name		
IV Fluids or TPN		
Type of fluid/TPN:	Rate:	Hours:
Comments:		
Tube Feedings		
Formula:	Rate:	Hours:
Type and size of feeding tube:		
Comments		
Central Line Care		
Flushes	Frequency	Dressing changes
Comments		
Biliary Drain Dressing change instructions		
Ostomy Care		
Bag and wafer type		
Comments/Special Instructions		