

## ADDITIONAL MEDICAL NEEDS

Submit by July 8, 2019

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

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