



The League ~ Camping & Recreation

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**THIS FORM IS VALID FOR ONE
YEAR FROM DATE OF
DOCTOR'S SIGNATURE**

G-TUBE FEEDING FORM

This form MUST be signed & dated by a physician

Participant Name: _____ DOB: _____

Disability: _____ Allergies: _____

IMPORTANT NOTES FOR PARTICIPANTS USING G-TUBES WHILE AT CAMP:

- All medication and dietary supplements MUST be listed on the **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. Please describe mealtime procedures:

How often should water be given?

Health Center staff have permission to replace g-tube peg while at camp if needed: ____ Yes; ____ No. Please list any special considerations:

Additional Notes:

***This form must accompany the Medication Form.**

Physician Signature: _____ Date: _____

Printed Name: _____ Phone: _____