



**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 pink **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 yes, please list time, amount, and rate of administration. 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 pink Medication Form.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_