

**Moriches Rotary Health Camp**  
**P.O. Box 677**  
**Center Moriches, New York 11934**  
**(631) 878-1070 Fax (631) 878-2596**

**CAMPER'S PERSONAL SUPPLIES**

**SUPPLIES:**

- |   |  |
|---|--|
| <input type="checkbox"/> Toothpaste and tooth brush       | <input type="checkbox"/> Box of tissues                  |
| <input type="checkbox"/> Brush and comb                   | <input type="checkbox"/> Deodorant                       |
| <input type="checkbox"/> Sun screen*                      | <input type="checkbox"/> Disposable diapers for session* |
| <input type="checkbox"/> Sanitary napkins (if applicable) | <input type="checkbox"/> (If applicable)                 |
| <input type="checkbox"/> Baby-wipes (if applicable)*      | <input type="checkbox"/> Bug Spray*                      |

**CLOTHING:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pajamas, robe, slippers, underwear | <input type="checkbox"/> Bathing suit (2)         |
| <input type="checkbox"/> Leisure shoes or sneakers          | <input type="checkbox"/> Socks (8)                |
| <input type="checkbox"/> Raincoat or poncho                 | <input type="checkbox"/> T-shirts (8)             |
| <input type="checkbox"/> Rubber pants (if applicable)       | <input type="checkbox"/> Flip flops or aqua socks |
| <input type="checkbox"/> Dance attire (1)                   | <input type="checkbox"/> Sweatshirt and jacket    |
| <input type="checkbox"/> Sweat pants, jeans                 | <input type="checkbox"/> Shorts (8)               |

**SPECIAL EQUIPMENT:**

All eyeglasses, hearing aids, braces, crutches, wheelchairs, walkers, lapboards, workboard, helmets, special eating utensils, etc. should be **CLEARLY LABELED**.

**MISCELLANEOUS:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Favorite toy or book | <input type="checkbox"/> Water bottle |
| <input type="checkbox"/> Laundry bag*         | <input type="checkbox"/> Pool Shoes   |

***CLOTHES WILL ONLY BE WASHED WHEN NECESSARY,  
SOILED AND/OR WET***

***PLEASE DO NOT PACK CAMPERS CLOTHES IN PLASTIC BAGS.***

**MEDICATIONS:**

All medications must be in ORIGINAL PRESCRIPTION CONTAINERS marked with name of medicine, strength and dosage with camper=s name. **WE CANNOT ACCEPT MEDICATIONS THAT ARE NOT IN THE ORIGINAL PRESCRIPTION CONTAINER.** All medications must be the same as what the doctor wrote on the physical or we **must** have a doctor=s script, this includes if there is a change in dosage. Please bring **NO MORE** than a 10 day supply of medication for your child=s stay at camp.

It is also important that you write your child=s name in **PERMANENT MARKER** on **all clothes and items** brought to camp. Please **do not** bring to camp: CD Players, CD=s, Tape Player, Tapes, Walkie Talkies, or Cell Phones.

**\*Due to high cost last year on these products, we cannot supply our campers with these items.**

**Thank you for your help and support in making Camp Pa-Qua-Tuck a place where ASummer is for Everyone@.**

**Camp Pa-Qua-Tuck will not be held responsible for lost items.**