



Medication Administration Record

- ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN'S INSTRUCTIONS. OTC MEDS MUST BE IN ORIGINAL MANUFACTURER PACKAGING. MEDS IN UNMARKED PACKAGING WILL NOT BE ADMINISTERED.
- Meds will not be given to minors without a sponsor present. Meds will be given to sponsors to dispense.
- Please place medication bottles in a Ziploc bag clearly labeled with child's first and last name.
- Primary dispensing times for medications will be at each meal unless otherwise noted by a physician.
- Medication must be turned in to medical personnel upon arrival at camp for security purposes. **NO** medications (prescribed or OTC) or vitamins are allowed to be kept in the cabins.
- Please circle at which meal your child takes his/her medication.
- **Fill out shaded column only**; daily columns are for the medical personnel use only.

Camper Name: _____ DOB: _____ M/F: _____

Parent/Guardian Name: _____ Phone Number: _____

Medical Allergies: _____

Parent/Guardian Signature: _____

Medication Name and Times Taken	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
<input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
<input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
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