

## Medication Administration Report

### Parents, complete this section only:

Camper Name	Birth date
-------------	------------

#### Medication Name:

Dosage:

Administration Time(s)/Instructions:

#### Medication Name:

Dosage:

Administration Time(s)/Instructions:

#### Medication Name:

Dosage:

Administration Time(s)/Instructions:

#### Medication Name:

Dosage:

Administration Time(s)/Instructions:

### Camp nurse use only:

Camp dates	Camp/Youth Group	Counselor/Cabin
------------	------------------	-----------------

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Nurse notes:
Breakfast								
Lunch								
Dinner								
Evening								
Other								

Nurse Initials:

**Key:** 1, 2, etc. number given    **D** did not report    **N** nausea or vomiting    **SO** signed out