

# MEDICATION ADMINISTRATION RECORD

***Parents: Please complete bolded areas. The rest of this form will be used at camp for daily med passes.***

Camper's Name: \_\_\_\_\_ Church City/Name: \_\_\_\_\_

Medication
<b>Med:</b>
<b>Dosage:</b>
<b>Route:</b>
<b>Prescribed for:</b>
<b>Med:</b>
<b>Dosage:</b>
<b>Route:</b>
<b>Prescribed for:</b>
<b>Med:</b>
<b>Dosage:</b>
<b>Route:</b>
<b>Prescribed for:</b>
<b>Med:</b>
<b>Dosage:</b>
<b>Route:</b>
<b>Prescribed for:</b>
<b>Med:</b>
<b>Dosage:</b>
<b>Route:</b>
<b>Prescribed for:</b>

Hour					

**Allergies:** \_\_\_\_\_

Staff Name and Initials: \_\_\_\_\_

Meds Returned: Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Location: Lake Placid Campground, Hartford City, IN

Room # \_\_\_\_\_ Team Color \_\_\_\_\_ Group Leader's Name \_\_\_\_\_