

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