

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					Cabin Leader			
	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