



Medication Administration Record

INSTRUCTIONS

- All medications and procedures must be filled in by camper, family member, or caregiver. **PLEASE PRINT! Bring this form with you to camp at registration. Do NOT mail this form!**
- Include the medication name, dose, and how often it is given
- Circle the time of day you need the medication or procedure (B=Breakfast, L=Lunch, D=Dinner, HS=Bedtime)
- Have **physician** verify all medications as well as procedures and sign the bottom of each sheet. Over the counter medications do not need to be included unless they are required daily.
- NO medications will be given or procedures performed by the med team unless they are written on medical sheet unless they are prescribed while at camp.
- **Do NOT attach a med list. You MUST fill out this camp form or it could prohibit you from being accepted at registration; Print additional sheets as needed so you have enough for all meds**

SEE EXAMPLE:

Name: Smith, John DOB: 8/5/1989

DATE:		7/29 (Su)	7/30 (M)	7/31 (Tu)	8/1 (W)	8/2 (Th)	8/3 (F)	COMMENTS:
Medication <i>Aspirin</i> Dose <i>81 mg</i> Frequency <i>Take 1x/day</i>	<input checked="" type="radio"/> B							<i>Take with applesauce</i>
	<input type="radio"/> L							
	<input type="radio"/> D							
	<input type="radio"/> HS							
Procedure <i>MACE</i> Dose Frequency <i>3x/week</i>	<input type="radio"/> B							<i>Mix glycerin with 1 liter of normal saline;</i>
	<input type="radio"/> L							<i>Do procedure on</i>
	<input type="radio"/> D							<i>S/Tu/Th</i>
	<input type="radio"/> HS	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		



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Name: _____ DOB: _____

DATE:		7/29 (Su)	7/30 (M)	7/31 (Tu)	8/1 (W)	8/2 (Th)	8/3 (F)	COMMENTS:
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							

MD/DO SIGNATURE: _____ MD/DO INITIALS: _____ DATE: _____



Medication Administration Record

Name: _____ DOB: _____

DATE:		7/29 (Su)	7/30 (M)	7/31 (Tu)	8/1 (W)	8/2 (Th)	8/3 (F)	COMMENTS:
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							

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Medication Administration Record

Name: _____ DOB: _____

DATE:		7/29 (Su)	7/30 (M)	7/31 (Tu)	8/1 (W)	8/2 (Th)	8/3 (F)	COMMENTS:
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							

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Name: _____ DOB: _____

DATE:		7/29 (Su)	7/30 (M)	7/31 (Tu)	8/1 (W)	8/2 (Th)	8/3 (F)	COMMENTS:
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							
Medication	B							
	L							
	D							
	HS							

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PROCEDURE Administration Record

Name: _____ DOB: _____

DATE:		7/29 (Su)	7/30 (M)	7/31 (Tu)	8/1 (W)	8/2 (Th)	8/3 (F)	COMMENTS:
PROCEDURE Dose Frequency	B							
	L							
	D							
	HS							
PROCEDURE Dose Frequency	B							
	L							
	D							
	HS							
PROCEDURE Dose Frequency	B							
	L							
	D							
	HS							
PROCEDURE Dose Frequency	B							
	L							
	D							
	HS							
PROCEDURE Dose Frequency	B							
	L							
	D							
	HS							

MD/DO SIGNATURE: _____ MD/DO INITIALS: _____ DATE: _____