

**Medication Administration Report**

<b>Parents, complete this section only:</b>	
Camper Name	Birth date
<b>Medication Name:</b>	
Dosage:	
Administration Time(s)/Instructions:	
<b>Medication Name:</b>	
Dosage:	
Administration Time(s)/Instructions:	
<b>Medication Name:</b>	
Dosage:	
Administration Time(s)/Instructions:	
<b>Medication Name:</b>	
Dosage:	
Administration Time(s)/Instructions:	

<b>Camp nurse use only:</b>								
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