

**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 |     |     |     |     | 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