

Medication Administration Form

Camper's Name: _____ Group: _____

Name of Medication: _____

Condition for which medication is being used: _____

Cautionary information: _____

Instructions for administration (including dosage and frequency): _____

Parental Authorization: _____ Date: _____

*Note: All medications need to be sent in the original container.

For Office Use Only:

Date: _____ Time: _____ Person Administering Administration: _____

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Date: _____ Time: _____ Person Administering Administration: _____

Adverse Drug reactions: _____

Contact made with Prescribing Physician: _____

Medication errors: _____