

**CAMPER NAME:** \_\_\_\_\_ **Cabin #** \_\_\_\_\_

**Takes meds:** \_\_\_\_\_

**Last BM:** \_\_\_\_\_

**MEDICATION ADMINISTRATION RECORD**

CODES H = HOSPITAL R = REFUSED		ALLERGIES:	Dates Of camp					
Camp Staff Only Bottle #	# of pills	Medication, Pills, Liquids, Drops, Powders, PRN medications, other	TIME	M	T	W	T	F
		Med: _____ Direction: _____						
		Med: _____ Direction: _____						
		Med: _____ Direction: _____						
		Med: _____ Direction: _____						
		Med: _____ Direction: _____						

Check in Nurse: \_\_\_\_\_