Medication Administration Record for Kids Camp

I hereby grant permission to the administrative staff to administer this medication to my child as described.

Parent Printed Name:_____ Parent Signature: _____

Emergency Contact Number:_____ Child Allergies & Reaction:_____

1. Please place medications in a Ziploc bag, clearly labeled with the child's full name written on the outside in permanent marker.
2. Medications must be in the original container (no pills in bags or daily dispensers.
3. Please send an inhaler if your child has asthma. Please send and Epi-pen if your child has a history of severe allergic reactions.
4. Please do NOT send Ibuprofen, Tylenol, PeptoBismol, etc. We will NOT be providing any over-the-counter medications.
5. Please provide us with only the number of days the individual will be at camp; do NOT provide extra.

MEDICATION	TIME TO BE TAKEN (State all that apply)	Dose: (tabs, tsp, puffs,etc)	Route: (oral, topical, inhalation)	Indication: (reason for taking medication)	Special Instructions: (ex: take with food...)	Mon	Tue	Wed	Thu
EXAMPLE Medication Name:____Adderall____ Circle RX: (Yes) OR No Strength (mg, mL, etc): ___5mg___	@ (:00pm	1 tablet	oral	ADHD	take before a snack				
Medication Name:_____ Circle RX: Yes OR No Strength (mg, mL, etc):_____									
Medication Name:_____ Circle RX: Yes OR No Strength (mg, mL, etc):_____									
Medication Name:_____ Circle RX: Yes OR No Strength (mg, mL, etc):_____									

STAFF USE ONLY

Child's *LAST* Name _____ Child's *FIRST* Name _____ Date: _____