



Medication Administration Form

Please indicate the prescribed medication to be administered and exactly when it needs to be administered.

Medications must be in the original container including prescription label. No other medications will be administered by camp staff.

| Medication Name | Time to be Administered | Notes |
|-----------------|-------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parent signature

Date