

# MEDICATION ADMINISTRATION RECORD FOR SIERRA PINES CAMP

CAMP DATES: \_\_\_\_\_

**CAMPER ALLERGIES:** \_\_\_\_\_

*Parents/Guardians: Please fill out Camper Information and Medication blocks on left only. The date and time blocks to the right are for Sierra Pines staff only to chart as meds are given.*

NAME: \_\_\_\_\_ SEX: M/F AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHURCH: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

	SUN	MON	TUES	WED	THUR	FRI	SAT
<b>MEDICATION:</b> _____ _____ DOSAGE: _____ ROUTE: _____ FREQUENCY: _____ COMMENTS: _____							
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**PLEASE PLACE MEDICATIONS IN A ZIPLOCK BAG, CLEARLY LABELED WITH YOUR CHILD'S NAME AND DATE OF BIRTH WRITTEN IN PERMANENT MARKER. MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH DOCTOR'S DIRECTIONS IF IT IS A PRESCRIPTION (NO PILLS IN BAGS.) DON'T SEND TYLENOL, IBUPROFEN, BENADRYL, PEPTO BISMOL, OR OTHER OVER THE COUNTER MEDICATIONS. WE WILL PROVIDE THESE. PLEASE SEND INHALER IF YOUR CHILD HAS ASTHMA. PLEASE SEND EPI PEN IF YOUR CHILD HAS HISTORY OF SEVERE ALLERGIC REACTIONS. PRIMARY DISPENSING TIMES FOR MEDICATIONS WILL BE AT EACH MEAL UNLESS OTHERWISE ORDERED BY A DOCTOR. THANK YOU.**

**HEALTH SUPERVISOR'S SIGNATURE/INITIALS:** \_\_\_\_\_

**R** = Refused medication, **S** = Skipped dose for medical reasons, **N** = No show after reminders

**\*Write letter code, time, and your initials in box when medication was not given. Notify the RN when medication dose was missed.**

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CAMPER NAME : \_\_\_\_\_

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