

Medication Administration Record

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Church Name: _____

Camper Name: _____

Instructions to Parents/Guardians

Karen Choate is the Camp Nurse, her qualifications include Master's of Science in Nursing and RN.

A Medication Administration Record form must be completed and signed by parent/guardian for EVERY medication—whether over the counter (e.g., Advil) or prescription (e.g., Albuterol) and each medication must be listed separately. All over-the-counter medications must be in original box or container.

Medication shall only be administered by the Karen Choate, the camp nurse and supervised by church counselor for all medications including over the counter meds! Karen Choate and camp counselor shall acknowledge by initialing that the list of medications were administered at the designated times as indicated on this form. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/ guardian.

Information about Medication Distribution:

- Medications must be in the original container and labeled with child's name, name of medication, direction for medication's administration, and date of the prescription. All unused medication will be returned upon arrival home from camp.
- Campers are not allowed to have any medications (prescription or non) in their cabin.
- Counselor will carry any emergency medications (Epi-pen or inhaler) and will be with that camper at all times. All other medications will be carried by the Camp Nurse.
- Medication requiring refrigeration will be kept in the refrigerator locked in the Nurses Room.
- The Camp Nurse is available 24/7 for routine medication distribution. There will be normal dosing times that are just prior to meals and before bed.
- If dosing requirements mandate something other than the routine Breakfast, Lunch, Dinner, please indicate that on the Frequency Line on the dosage schedule.

I have read the above and agree to abide by the requirements.

I give Tri-State Jr Camp, and its staff permission to administer medications as prescribed for my camper as named and listed on the MAR (Medication Administration Record).

Signature of Parent/ Guardian _____

Date: _____

Medication Administration Record

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Church Name: _____

Camper Name: _____

Parents/ Guardians: Please fill in medication information in blocks on left only. Please place medications **in original containers into a sealable plastic bag that is clearly labeled with church name, campers name, written in permanent marker on the outside of the bag.** Medications must be in original container with doctor's directions if it is prescription (please no pills in bags or daily dispensers). Please send inhaler if your child has asthma. Please send Epi-Pen if your child has a history of severe allergic reactions.

Camp Nurse: The date and time blocks to the right are for you to chart when medication **was** given.

(Camp Nurse/Counselor will initial when meds are administered in each clock

Camp Dates:	Dose	Monday	Tuesday	Wednesday	Thursday	Friday	Nurse Initials	Counselor Initials
Medication: _____	Breakfast							
_____	Lunch							
Dosage: _____	Dinner							
_____	Bed							
Frequency: _____								
Comments: _____								
Medication: _____	Breakfast							
_____	Lunch							
Dosage: _____	Dinner							
_____	Bed							
Frequency: _____								
Comments: _____								
Medication: _____	Breakfast							
_____	Lunch							
Dosage: _____	Dinner							
_____	Bed							
Frequency: _____								
Comments: _____								
Medication: _____	Breakfast							
_____	Lunch							
Dosage: _____	Dinner							
_____	Bed							
Frequency: _____								
Comments: _____								

Allergies: _____

