

# MEDICATION ADMINISTRATION RECORD



Please list each medication that must be administered during Camp SOS programming hours, including asthma inhalers and epinephrine auto-injectors which are carried by the student.

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Licensed Prescriber Name/Phone/Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication Name(s)/Dose(s)/Route(s)/Time(s) to Administer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I give permission for a Camp SOS staff member to administer the above medication(s) to my child.**

\_\_\_\_\_  
 Signature Parent/Guardian Date

## Administration Log

Monday 6/19	Tuesday 6/20	Wednesday 6/21	Thursday 6/22	Friday 6/23

<u>Initials</u>	<u>Name</u>
_____	_____
_____	_____
_____	_____

**CODES**  
 W: Withheld (log reason)