

Medication Administration Schedule

Camper Name:

Date:

Camp:

Care Card No.:

Leader Name:

Cabin Group:

Please Note: All medications must be clearly marked with the Camper's name. Please bring medication in **original packaging**.

I, _____, the parent/guardian of the camper named above, take full responsibility for the medications I am requesting be given by Ness Lake Bible Camp, and clearly state that the medication specified on the packaging is what is in the container and that all dosage instructions are correct.

Signature _____

Date _____

Time Day One Day Two Day Three Day Four Day Five Day Six Day Seven

		<i>Time</i>	<i>Day One</i>	<i>Day Two</i>	<i>Day Three</i>	<i>Day Four</i>	<i>Day Five</i>	<i>Day Six</i>	<i>Day Seven</i>
Med. #1: _____									
Dosage: _____									
Frequency: _____									
Med. #2: _____									
Dosage: _____									
Frequency: _____									
Med. #3: _____									
Dosage: _____									
Frequency: _____									
Med. #4: _____									
Dosage: _____									
Frequency: _____									
Med. #5: _____									
Dosage: _____									
Frequency: _____									

Health Attendant: Indicate date, time and initials for each medication given.