

Medication Administration Schedule

Camper Name _____ Cabin #_____

All medications must be clearly marked with the Camper's name. Medication must be 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 _____

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

| Medication Name | Date |
|-----------------|------|------|------|------|------|------|------|
| Dose | Time |
| Frequency | Sign |

| Medication Name | Date |
|-----------------|------|------|------|------|------|------|------|
| Dose | Time |
| Frequency | Sign |

| Medication Name | Date |
|-----------------|------|------|------|------|------|------|------|
| Dose | Time |
| Frequency | Sign |

| Medication Name | Date |
|-----------------|------|------|------|------|------|------|------|
| Dose | Time |
| Frequency | Sign |

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|-----------------|------|------|------|------|------|------|------|
| Dose | Time |
| Frequency | Sign |