

# Medication Administration Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Init.*

Age: \_\_\_\_\_ Camp Group (if known): \_\_\_\_\_

**I authorize the Nurse at Adventureland Day Camp to administer:**

1. \_\_\_\_\_ to \_\_\_\_\_ in  
(Name of Medication)\* (Child's Name)

this dose \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Times: \_\_\_\_\_ Purpose: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Side Effects: \_\_\_\_\_

2. \_\_\_\_\_ to \_\_\_\_\_ in  
(Name of Medication)\* (Child's Name)

this dose \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Times: \_\_\_\_\_ Purpose: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Side Effects: \_\_\_\_\_

\_\_\_\_\_  
(Parent / Guardian Signature)

**\*Prescription medication(s) MUST be in original container with physician's label clearly visible in childproof bottle.**

If camper is leaving before last day of camp please indicate date any remaining medicine should be sent home \_\_\_\_\_.

Date

\* Note: Return this form with any medications on the First Day of camp your camper (s) attend. If camper is NOT on medication, please keep these forms for future use if needed.

Par Doc-6

Mail To: Adventureland Day Camp 6401 Hulmeville Rd, Bensalem, PA 19020
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