

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
97 Fieldstone Road
Levittown, PA 19056