# MEDICATION ADMINISTRATION RECORD



**Camper Name** ______________________________ **Age** _____ **Sex** _____ **Session Dates** _ _ / _ _ / _ _ to _ _ / _ _ / _ _

| MEDICATION NAME | DOSE | AMOUNT (# of pills/mL) | TIME | FRIDAY | SATURDAY | SUNDAY |
|---|---|---|---|---|---|---|
| 1.) | | | *BREAKFAST (8 AM)* | N/A | | |
| | | | *LUNCH (1 PM)* | N/A | | |
| | | | *AFTERNOON (4 PM)* | N/A | | |
| *# Pills/Tabs Packed @ Home ( )* | | | *DINNER (6 PM)* | N/A | | N/A |
| *RN/LPN Confirm Count ( )* | | | *BEDTIME (9 PM)* | | | N/A |
| 2.) | | | *BREAKFAST (8 AM)* | N/A | | |
| | | | *LUNCH (1 PM)* | N/A | | |
| | | | *AFTERNOON (4 PM)* | N/A | | |
| *# Pills/Tabs Packed @ Home ( )* | | | *DINNER (6 PM)* | N/A | | N/A |
| *RN/LPN Confirm Count ( )* | | | *BEDTIME (9 PM)* | | | N/A |
| 3.) | | | *BREAKFAST (8 AM)* | N/A | | |
| | | | *LUNCH (1 PM)* | N/A | | |
| | | | *AFTERNOON (4 PM)* | N/A | | |
| *# Pills/Tabs Packed @ Home ( )* | | | *DINNER (6 PM)* | N/A | | N/A |
| *RN/LPN Confirm Count ( )* | | | *BEDTIME (9 PM)* | | | N/A |
| 4.) | | | *BREAKFAST (8 AM)* | N/A | | |
| | | | *LUNCH (1 PM)* | N/A | | |
| | | | *AFTERNOON (4 PM)* | N/A | | N/A |
| *# Pills/Tabs Packed @ Home ( )* | | | *DINNER (6 PM)* | N/A | | N/A |
| *RN/LPN Confirm Count ( )* | | | *BEDTIME (9 PM)* | | | N/A |

| TREATMENT/Home Device | APPLICATION | TIME | ADDITIONAL NOTES |
|---|---|---|---|
| | | | |
| | | | |

**Please check if MEDS given by: Mouth** ☐ **G-tube** ☐ **w/applesauce or pudding** ☐ **with water** ☐ **crushed** ☐

**ALLERGIES** ________________ ________________ ________________ **SIGNATURE** ___________________________________________

| TO BE COMPLETED BY MEDICAL STAFF ONLY | | |
|---|---|---|
| INITIAL ASSESSMENT: | NO S/S ILLNESS/INJURY ☐ | NO MEDICAL ASSISTANCE NEEDED ☐ |

| DATE | TIME | TREATMENT | DAY | DAY | DAY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

| DATE | TIME | REASON FOR VISIT/ASSESSMENT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| NURSE'S NAME | SIGNATURE/CREDENTIAL |
|---|---|
| | |
| | |