



# 2023 Medication Administration Form

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

I authorize the Day Camp Sunshine First Aid Director to administer:

Medication: \_\_\_\_\_

Reason Taking: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_

Instructions for Administration:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note: All medications must be sent in the original container.**

## For Office Use Only:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Administering Administration: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Administering Administration: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Administering Administration: \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Administering Administration: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Administering Administration: \_\_\_\_\_

Adverse Drug reactions: \_\_\_\_\_

\_\_\_\_\_  
Contact made with Prescribing Physician: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication errors: \_\_\_\_\_