

_____	____/____/____	_____
____/____/____		
_____	____/____/____	_____
____/____/____		
_____	____/____/____	_____
____/____/____		
_____	____/____/____	_____
____/____/____		
_____	____/____/____	_____
____/____/____		

For office use only:

▪ **Medical Administration Form**

- Orders are specific (PRN is a single hour not timeframe (i.e. "4-5 hr.") and "as needed" must have specific symptoms to clarify when the medication should be administered.)
- Symptoms are clearly stated
- Doctor signature and date
- Parent checked off med administration box
- Parent's signature and date

▪ **Medication:**

- Pharmacy label
- Has campers name
- Date filled
- Rx number
- Address
- Matches Medical Administration Form

▪ **Non-meds:** physical states medication is needed.

- Doctor's orders or letter stating the camper no longer needs the medication described on physical.
- Doctor's orders or physical states medication is taking at home.
- Camper's physical states no medication is needed