Medication Administration Schedule

Camper Name: **Date:** **Camp #:**
Care Card No.: **Leader Name:** **Cabin #**

Please Note: All medications must be clearly marked with the Camper's name. Please bring medication in **original bubble packaging.**

I, _____, the parent/guardian of the camper named above, take full responsibility for the medications I am requesting be given by Ness Lake Bible Camp, and clearly state that the medication specified on the packaging is what is in the container and that all dosage instructions are correct.

_____ _____

Signature Date

Health Attendant: Indicate date, time and initials for each dose given.

	Time	*Day One*	*Day Two*	*Day Three*	*Day Four*	*Day Five*	*Day Six*	*Day Seven*
Med. #1: _____								
Dosage: _____								
Frequency:								
Med. #2: _____								
Dosage: _____								
Frequency:								
Med. #3: _____								
Dosage: _____								
Frequency:								
Med. #4: _____								
Dosage: _____								
Frequency:								
Med. #5: _____								
Dosage: _____								
Frequency:								