TREATMENTS

CAMPER NAME: _____ Cabin # _____

***Takes meds:*_____ *Last BM:* _____**

MEDICATION ADMINISTRATION RECORD

CODES **H** = HOSPITAL **R** = REFUSED	ALLERGIES:	Dates of Camp					
Camp Staff Only		**Liquids, Drops, Powders, Lotion, other**	TIME	M	T	W	T	F
Bottle #	**# of pills**							
		Med: _____ **Direction:** _____ _____						
		Med: _____ **Direction:** _____ _____						
		Med: _____ **Direction:** _____ _____						
		Med: _____ **Direction:** _____ _____						
		Med: _____ **Direction:** _____ _____						

Check in Nurse: _____