



Medication Administration

Name of program participant

Address Phone

Physician Phone

Pharmacy Phone

To Physician: Please write below information for medications administered when you patient is scheduled be at CAMP. INCLUDE: PRNs SUCH AS TYENOL, INHALENTS and ANTACIDS.

Please attach a list of all medications prescribed to the patient.
 Camps are required by ACA Accreditation to have a complete list of ALL medications administered to a Camper. This includes all over-the-counter medications.

Medication	Dosage	Method of administering	Time given	

Signature of Physician Date