

IMPACT SUMMER CAMP Medication Administration Record July 10 - 14, 2023

STUDENT NAME: _____ **CHURCH:** _____

YOUTH PASTOR: _____ **PHONE:** _____

ALLERGIES: _____

ANY MEDICATIONS BEING BROUGHT TO IMPACT MUST BE LISTED ON THIS FORM. ALL MEDICATIONS MUST BE BROUGHT TO IMPACT IN THE ORIGINAL PRESCRIPTION BOTTLE. BRING ONLY WHAT WILL BE NEEDED FOR THE WEEK. THE NURSING STAFF HAS MOTRIN, TYLENOL, BENADRYL, AND MOST OTC MEDICATIONS, SO THERE IS NO NEED TO SEND THESE.

PARENTS: FILL OUT GRAY MEDICATIONS AREA ONLY. WHITE AREA IS FOR NURSING STAFF ONLY.

	Monday	Tuesday	Wednesday	Thursday	Friday
MEDICATIONS					
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					

Parent Signature: _____ Phone #: _____

RN () _____ RN () _____