

Medication Administration Record (MAR) for Mountain Meadows Bible Camp

Name _____ Date of Birth _____ Date of Camp _____ Counselor _____

Age ____ M / F Allergies _____ Group Name _____ Parent's Sig. _____

Medication Administration Guidelines:

1. Please place medications in a Ziplock bag clearly labeled with full name and date of birth written in permanent marker on the outside.
2. Medications must be in original container with doctor's directions if it is a prescription (no pills in bags or daily dispensers).
3. Please send an inhaler if your child has asthma. Please send an Epi-pen if your child has a history of severe allergic reaction.
4. Primary dispensing times for medications will be at meal times unless otherwise directed by a physician. Thank you!
5. Fill out shaded column only; daily columns for administration use only.

Medications	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							
Name _____ Dose _____ Route _____ Freq _____ Reason _____							

Administrator Signature (____) _____ (____) _____ (____) _____