

**HUNGRY MOTHER LUTHERAN RETREAT CENTER
CAMPER MEDICATION ADMINISTRATION FORM**

CAMPER NAME: _____

This form will provide a record of when medicine is given to your child (whether prescribed or over the counter). For each medication taken by your child, please indicate the amount and time it is to be distributed under the "Dose" column next to the corresponding time (i.e. – if the medicine is to be distributed at breakfast then indicate the dose next to "Br"). The counselor will use the grid of days/times to record when the medicine is given.

Please note that campers are not allowed to keep medicine of any kind in their possession. We realize that many youth are responsible in their self-medication but in this setting the camp needs to take full responsibility for the distribution of medicines. This includes both prescription as well as over-the-counter medicines.

For prescription medicines, the below form should match the instructions on the bottle.

HMLRC staff have my permission to administer these medications to this camper according to the dosage instructions stated below.

*****Send all meds in original containers. Instructions should match container.*****

In addition, staff has permission to administer the following as needed: Tylenol, Motrin, Cold medication and Antacids/Antidiarrheals, including Pepto-Bismol, with the exception of:

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

---Parent fills out this part before camp week---

Med:	Route	Give at:	Dose
Can camper refuse this med? Yes / No (circle one)		<i>Br</i>	
		<i>L</i>	
Special Instructions:		<i>S</i>	
		<i>Bed</i>	
Med:	Route	Give at:	Dose
Can camper refuse this med? Yes / No (circle one)		<i>Br</i>	
		<i>L</i>	
Special Instructions:		<i>S</i>	
		<i>Bed</i>	
Med:	Route	Give at:	Dose
Can camper refuse this med? Yes / No (circle one)		<i>Br</i>	
		<i>L</i>	
Special Instructions:		<i>S</i>	
		<i>Bed</i>	
Med:	Route	Give at:	Dose
Can camper refuse this med? Yes / No (circle one)		<i>Br</i>	
		<i>L</i>	
Special Instructions:		<i>S</i>	
		<i>Bed</i>	

---Counselor fills in chart during week---

Sun	Mon	Tue	Wed	Thu	Fri
Sun	Mon	Tue	Wed	Thu	Fri
Sun	Mon	Tue	Wed	Thu	Fri
Sun	Mon	Tue	Wed	Thu	Fri

	Administered by: (Name of person giving meds)
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