

Medication Administration Record for Winter Retreat 2015

Student's Name: _____ Parent Name: _____ Emergency Contact Number: _____

Medication Guidelines:

1. Please place medications in a Ziploc bag clearly labeled with the students full name written on the outside in permanent marker.
2. Medications must be in the original container (no pills in bags or daily dispensers).
3. Please send an inhaler if you child has asthma. Please send an Epi-pen if you child has a history of severe allergic reactions.
4. Please do not send Ibuprofen, Tylenol, Pepto Bismol, etc. These will be provided if needed.

Medication	Friday	Saturday	Sunday	Comments
Name _____ When taken? (Circle one) AM PM BOTH OTHER: _____ Special Instructions:				
Name _____ When taken? (Circle one) AM PM BOTH OTHER: _____ Special Instructions:				
Name _____ When taken? (Circle one) AM PM BOTH OTHER: _____ Special Instructions:				
Name _____ When taken? (Circle one) AM PM BOTH OTHER: _____ Special Instructions:				

I hereby grant permission to the Fusion Camp administrative staff to administer this medication to my child as described.

Parent Name _____ Parent Signature _____ Date _____