



Please complete this form whether your student will be bringing medication or not.

**Medication Administration Record for Creekside Christian Church of Elk Grove**

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Camp Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Staff will complete the daily boxes with the following information:**  
**A=** Administered medication **R=** Refused Medication **S=** Skipped for medical reasons  
 Please write letter code, time, and your initials in box each time medication is given.  
 Please notify the RN when medication dose was missed.

**My student will not be bringing Medication**

<b>Parents, Please fill out the boxes below:</b>	SUN	MON	TUE	WED	THUR	FRI	SAT
	Date	Date	Date	Date	Date	Date	Date
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							

- 1. Please place medications in a Ziplock bag, clearly labeled in permanent marker with student's name.**
- 2. Medications must be in container with Doctor's written directions.**
- 3. Asthma inhalers and epi pens should stay with the student.**
- 4. Primary medication dispensing times will be at each meal, unless otherwise specified by a doctor.**

Parent's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_