

# ROCKY RIVER RANCH MEDICATION ADMINISTRATION FORM

**CAMPERS NAME:** \_\_\_\_\_ **CABIN:** \_\_\_\_\_ **SESSION:** \_\_\_\_\_

Please put this completed form and your camper's medication in a gallon ziplock labeled with your camper's name. Every medication needs to be in the original bottle/container. Medication must be prescribed to your camper and will be given according to the prescription label, if this is no longer correct you must either get a new bottle or have a signed doctor's note. Over the counter meds must be clearly labeled with your camper's name. Any expired medication cannot be given. Please fill in the name of each medication included, the dosage amount, the time each medication needs to be given (i.e. breakfast/lunch/dinner/bedtime/as needed), and any additional instructions.

<b>NAME OF MEDICATION</b>	<b>DOSAGE</b>	<b>TIMES GIVEN (B,L,D, BED, OR AS NEEDED)</b>	<b>INSTRUCTIONS</b>

**PARENT SIGNATURE** \_\_\_\_\_