



STUDENT LIFE

WATERMARKS SUMMER CAMP

Medication Administration Record

June 18-21st, 2024

Student Name: _____ Allergies: _____

Parent Name: _____ Emergency Phone: _____

Any medications being brought to Summer Camp must be listed on this form. All medications must be brought to Impact in the original prescription bottle. Bring only what will be needed for the week of Summer Camp. We will have Motrin, Tylenol, Benadryl, and most OTC medications, so there is no need to send these.

PARENTS: FILL OUT GRAY MEDICATIONS AREA ONLY. WHITE AREA IS FOR THE STUDENT LIFE TEAM

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

Parent Signature: _____