

Medical Administration Record

Participant Name: _____

Person completing MAR: _____

Relationship to participant: _____

Please complete this chart including any **and all medications and supplements (both over-the-counter and prescription)** that the participant will be taking throughout the weekend. Please be sure the chart reflects the directions on the medication bottles. Medications will only be dispensed according to directions on the bottle. Please remember:

- All medications must arrive in the original bottles.
- All instructions must be readable and the prescription must be current.
- All medications must be turned in to the nurse upon arrival at the camp.

Name of Medication	Dose	What is it used for?	Time	Friday	Saturday	Sunday
			A.M.			
			Noon			
			P.M.			
			Bedtime			
			As needed			
			A.M.			
			Noon			
			P.M.			
			Bedtime			
			As needed			
			A.M.			
			Noon			
			P.M.			
			Bedtime			
			As needed			
			A.M.			
			Noon			
			P.M.			
			Bedtime			
			As needed			
			A.M.			
			Noon			
			P.M.			
			Bedtime			
			As needed			

PLEASE USE ADDITIONAL SHEETS AS NEEDED

Special Instructions or Comments:

Signature of Person Completing this MAR: _____

Date Completed: _____