Medical Administration Record (MAR)

Participant Name:____

Person Completing Mar:____

Relationship to Participant:____

Signature of Person Completing this Mar:______________________________ Date:____________

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

- All medications must arrive in original bottles
- All instructions must be readable and prescription must be current, not expired
- All medications must be turned in to the nurse upon arrival at camp

Special Instructions or Comments:

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Please bring a completed MAR to each session participant attends. Use additional sheets as needed.

Name of Medication	**Dose**	**What is it used for?**	**Time**	**Friday** / /	**Saturday** / /	**Sunday** / /	**Nurse Initials**
			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				
Nurses: Please add up doses for each day and grand total for the session			**Total daily doses**				**Grand Total**

Nurse's Name:____________________Nurse's Signature:______________________Date:____________