# Camp Cheerful - Administration of Medication

**Camper/Parent/Guardian:**
**Please fill the shaded area before coming to camp. Include the Name of Medication, Dosage or Strength,Time(s) and Given Method.**

**Camp Session: Cheerful Day Session 1**
**Dates: 6/10/19-6/14/19**

| # of pills at check-in | Medication | Time | SUN | MON | TUE | WED | THUR | FRI | SAT | Nurses Notes (PRN) | # of pills at check-out |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **5** | **Sertraline 25 mg tablet take 1 tablet orally** | **1:00 PM** | | | | | | | | | |
| **2.5** | **Keppra 500 mg tablet take 1/2 tablet daily (250mg)** | **3:00 PM** | | | | | | | | | |
| **1** | **Diastat 12.5 mg rectal gel to be administered for seizures over 2 minutes** | **PRN** | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Signature / Initials | |

| Nurse Initials | | Nurse Initials |
|---|---|---|
| | | |
| Parent Initials | | Parent Initials |
| **JD** | | |

Allergies: **Peanuts, Hay, Latex**

Diagnosis: **Autism, OCD, Epilepsy**

Camper Name: **John Doe**

Special Instructions: **Crush tablet and put in applesauce**

Cabin: **Group 1**

Check-in:

Camper/Parent/Guardian Signature: **Jane Doe** Date: **6/10/19**

Recreation Staff Signature: Date:

Check-out:

Camper/Parent/Guardian Signature: Date:

Recreation Staff Signature: Date: