MEDICATION ADMINISTRATION RECORD (MAR)

Lake Erie Council, Scouting America

Name: _____ **DOB:** _____ **Unit/Council:** _____

Drug Allergies: _____ **Camp Session and Dates:** _____ **Campsite:** _____

Instructions:

- One camper per form having medication dispensed.
- Dispensing adult should put initials & time when medication dispensed.
- If medication not dispensed, leave dispensing box blank.
- After camp, file sheet with first aid log.
- Use as many forms as needed for all medications received.
- List each medication separately.
- List all medications received.
- Medication, amount received, and dosing instructions are recorded in the first column.

		Medications Given Around									
Medication Name & Dosage	**Day/Date**	**Breakfast Time**		**Lunch Time**		**Dinner Time**		**Bed Time**		**As Needed**	
	Sun										
	Mon										
	Tue										
	Wed										
	Thu										
	Fri										
Amount Received	**Sat**										
	Sun										
	Mon										
	Tue										
	Wed										
	Thu										
	Fri										
Amount Received	**Sat**										
	Sun										
	Mon										
	Tue										
	Wed										
	Thu										
	Fri										
Amount Received	**Sat**										
	Sun										
	Mon										
	Tue										
	Wed										
	Thu										
	Fri										
Amount Received	**Sat**										

Initial	**Signature**	**Name**	**Position**
_____	_____	_____	_____