Medical Administration Record (MAR)

*Parents: please complete all the boxes highlighted in grey.
* Staff: Please complete

Student Name: Grade: Trip Name:	Trip Leader Name (TL): Trip Dates:

Medication: As is appears on the Rx label	Instructions: Please provide specific dosage (mg, ml, etc.) # pills per dosage Times to be taken	Comments: Please provide additional information about this medication here:. EG side effects your child experiences,, must be taken with food, don't take if/when...	Date: Time Dose TL initial	Date: Time Dose TL initial	Date: Time Dose TL initial	Date: Time Dose TL initial	Date: Time Dose TL initial	Comments:

Medication: As is appears on the Rx label	Instructions: Please provide specific dosage (mg, ml, etc.) # pills per dosage Times to be taken	Comments: Please provide additional information about this medication here:. EG side effects your child experiences,, must be taken with food, don't take if/when...	Date: Time Dose TL initial	Date: Time Dose TL initial	Date: Time Dose TL initial	Date: Time Dose TL initial	Date: Time Dose TL initial	Comments: