Medication Hand-Off

Camper's Name	 	
Name of Medication #1	 	
Name of Medication # 2		

Date and route of	Parent signature (I	Admin Staff	Staff Signature (I	Staff signature (I	RN signature (I have
transport (to camp	handed camp	Signature (I have	have received and	handed-off above	received above
or home from	Mataucha staff	received and	checked the above	medications to	medications from
camp) of Hand-offs	member the above	checked the above	medications for	Camp Mataucha	Camp Mataucha
	medications/I have	medications for	transportation on	RN/I have received	Staff/ I have
	received medications	transportation on	bus/I have handed	medication from	handed-off
	from Camp	bus/I have handed	off medication to	Camp Mataucha RN	medication to camp
	Mataucha staff)	off medication to	parent)	for Transport)	Mataucha Staff for
		parent)			transport