



# Medication Administered Log

Week: \_\_\_\_\_

Cabin: \_\_\_\_\_

Circle: AM Noon Dinner HS PRN

Counselor \_\_\_\_\_

(Swamp Nurse use only)

Camper Name: \_\_\_\_\_

Drug/Food Allergies: \_\_\_\_\_

Type of Medication	Dose	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Special Instructions/Other Medical Concerns: \_\_\_\_\_

\_\_\_\_\_  
 Parent's Name (print clearly)                      Date                      Signature

### Verification Medications Administered (completed by Camp Medical Staff)

Sunday	_____ P.M.			
Monday	_____ A.M.	_____ Noon	_____ Eve	_____ P.M.
Tuesday	_____ A.M.	_____ Noon	_____ Eve	_____ P.M.
Wednesday	_____ A.M.	_____ Noon	_____ Eve	_____ P.M.
Thursday	_____ A.M.	_____ Noon	_____ Eve	_____ P.M.
Friday	_____ A.M.	_____ Noon	_____ Eve	_____ P.M.
Saturday	_____ A.M.			

Camp Medical Staff: Once the medication is administered, note above; print and sign name below:

\_\_\_\_\_  
 Staff Name (print clearly)                      Date                      Signature

\_\_\_\_\_  
 Staff Name (print clearly)                      Date                      Signature