MOMENTUM Youth Camp Medication Record

Year: _____

Name: _____ ☐ Camper; ☐ Counselor/Leader; ☐ Other Staff; Church/Cabin: _____

Age/DOB: _____; Medication(s) Received (Date/Time): _____; ☐ Epi-Pen; ☐ Inhaler

Routine Medication(s)	Dosage	Purpose	Frequency (Circle One)	Sunday ___/___	Monday ___/___	Tuesday ___/___	Wednesday ___/___	Thursday ___/___	Friday ___/___
				List Time Medication Was Given					
			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
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			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
PRN Medication(s)	**Dosage**	**Reason for PRN Med(s)**		**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**

Notes/Special Instructions/Allergies:	
Approved OTC Medication(s):	☐ Cough Syrup; ☐ Acetaminophen (Tylenol); ☐ Ibuprofen (Advil/Motrin); ☐ Benadryl – Allergic Reaction (diphenhydramine); ☐ Pepto-Bismol; ☐ Topical(s) – Neosporin, Anti-Septic Spray; ☐ Other: _____

(B/L/A/D/E) B= Breakfast; L= Lunch; A= Afternoon; D= Dinner; E= Evening or Bedtime; PRN= As Needed; OTC= Over the Counter

Medication(s) Returned (Date/Time): _____ Nurse: _____ Date: _____