

 **Camp Medication Record** Year:

Name: □ Camper; □ Counselor/Leader; □ Other Staff; Church/Cabin:

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

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| **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 |  |  |  |  |  |  |
|  |  |  | 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** |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| Notes/SpecialInstructions/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: