

Daily Log for Medication Administration (complete for EACH medication)

Camper and Medication Information

Camper's Name, Gender
and Age: _____

Name and Dosage of
Medication: _____

Route: _____

Frequency: _____

Year: _____

Medication Administration Log

Directions: Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																															
June																															
July																															
Aug																															

Initials of individual administering medication	Printed Name and Signature of individual administering medication
1.	
2.	
3.	
4.	
5.	

Codes for administration: (A) Absent

(E) Early Dismissal

(F) Field Trip

(N) No Medication available

(O) No Show

(X) No Camp

