

Sample Daily Log for Medication Administration (complete for each medication)

Year _____ Name of Camper: _____ Gender: _____ Age: _____

Name and Dosage of Medication: _____ Route: _____ Frequency: _____

Directions: Initial with time of administration. Include a complete signature and initials of persons administering medication below.

	1	2	3	4	5	6	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																																

Initial (Person administering medication)

Signature

1. _____

2. _____

3. _____

4. _____

5. _____

Codes for administration: (A) Absent (E) Early Dismissal (X) No Camp (O) No Show (F) Field Trip (N) No medication available

(D/C) Medication Discontinued