

Wilderness Trails Child Medication Log

Dates of Camp: _____

Child's Name: _____

DOB: _____

Parent/ Guardian Name: _____

Signature: _____

Please read and initial Instructions to show you have followed and completed this form:

1. ___ Write the name of the medication(s), dosage to be taken, and the amount of each dosage to be taken;
2. ___ The person giving the medication will *write their initials* under the appropriate time of day for that dosage AFTER it has been administered;
3. ___ Please send *only* the amount needed of each medication for the time spent at camp in the *original prescription container with dosage and doctors name clearly visible*..

Name of Medication / Dosage / When to Give	Day 1	Day 2	Day 3	Day 4	Day 5
	AM / Noon / PM	AM / Noon / PM	AM / Noon / PM	AM / Noon / PM	AM / Noon / PM

Staff Only:

Please initial after dosage has been administered.

Name of person dispensing medication: _____

Signature: _____

Name of Camp Director: _____ James Gordon _____ Jessie Lenford