

# Wilderness Trails Child Medication Log

Dates of Camp: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 contained with dosage and doctor's name clearly visible*.

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

**Staff Only:**

**Please initial after dosage has been administered.**

**Name of person dispensing medication:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name of Camp Director:** \_\_\_\_\_ **James Gordon** \_\_\_\_\_ **Leslie Ingraham**