

Wilderness Trails Child Medication Log

Please send the medication along with this medication log in a Ziploc bag with your child's name clearly written on the front.

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: _____