



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP WIDJIWAGAN MEDICATION ADMINISTRATION RECORD

Name/DOB: <i>John Smith 02/17/2017</i>	Age: <i>7yo</i>	Allergies: <i>Peanuts</i>	Parental Permission for OTC meds: <input checked="" type="radio"/> Yes <input type="radio"/> No
Cabin: <i>1c</i>	Session: <i>2</i>	Parent Contact: <i>Jane Smith (Mom) 555-555-5555</i>	DAY <input type="radio"/> RES <input checked="" type="radio"/>

SCHEDULED AND AS NEEDED (PRN) MEDICATIONS

MEDICATION (name, dose, route, frequency):	Controlled	SUN	MON	TUES	WED	THURS	FRI	SAT	COMMENTS:
<i>Concerta 36mg 1 pill in AM daily</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No								With Camper Health Lodge
<i>Melatonin 5mg 1 gummy at bedtime</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No								With Camper Health Lodge
	<input type="radio"/> Yes <input type="radio"/> No								With Camper Health Lodge
	<input type="radio"/> Yes <input type="radio"/> No								With Camper Health Lodge
	<input type="radio"/> Yes <input type="radio"/> No								With Camper Health Lodge
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	<input type="radio"/> Yes <input type="radio"/> No								With Camper Health Lodge

DO NOT WRITE. THESE SECTIONS WILL BE FILLED OUT BY CAMP STAFF.

Initials	Nurse Signature	Initials	Nurse Signature
1	DO NOT WRITE. THESE SECTIONS WILL BE FILLED OUT BY CAMP STAFF.		
2		4	