



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP WIDJIWAGAN

MEDICATION ADMINISTRATION RECORD

| | | | | |
|-----------|----------|-----------------|-----------------------------------|-----|
| Name/DOB: | Age: | Allergies: | Parental Permission for OTC meds: | |
| | | | Yes | No |
| Cabin: | Session: | Parent Contact: | DAY | RES |

SCHEDULED AND AS NEEDED (PRN) MEDICATIONS

| MEDICATION (name, dose, route, frequency): | Controlled | SUN | MON | TUES | WED | THURS | FRI | SAT | COMMENTS: |
|--|------------|-----|-----|------|-----|-------|-----|-----|---|
| | Yes | | | | | | | | With Camper Health Lodge |
| | No | | | | | | | | |
| | Yes | | | | | | | | With Camper Health Lodge |
| | No | | | | | | | | |
| | Yes | | | | | | | | With Camper Health Lodge |
| | No | | | | | | | | |
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| | No | | | | | | | | |
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| | No | | | | | | | | |
| | Yes | | | | | | | | With Camper Health Lodge |
| | No | | | | | | | | |

| | | | | | |
|---|----------|-----------------|---|----------|-----------------|
| | Initials | Nurse Signature | | Initials | Nurse Signature |
| 1 | | | 3 | | |
| 2 | | | 4 | | |

