

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## CAMP WIDJIWAGAN MEDICATION ADMINISTRATION RECORD

Nam	e/DOB:		Age:	Allergies	rgies:						Parental Permission for OTC meds:			
												Yes	No	
Cabi	Cabin: Session: Parent Contact:									DAY	RES			
				SCHE	DULED AN	ID AS NE	EDED (PRN)	MEDICATI	ONS					
MED	CATION (nar	ne, dose, route, frequency):	Controlled	SUN	MON	TUES		THURS	FRI	SAT	COMMENTS:			
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			No								1			
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No.		No												
			110											
			Yes								With Camper		Health Lodge	
			165					ļ			_			
		No								_				
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	Yes								With Camper  With Camper		Health Lodge			
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Initials Nurse Signature						Initials		l		Nurse Sigr	nature			
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Time	Camper Name/Type of Camp	Complaint	Assessment/Intervention	Reassess	Initials