

EC CAMP MEDICATION LOG

Camper Name: _____ Cabin: _____ Group: _____

Counselor: _____ Emergency Contact Name: _____

Emergency phone: _____ Secondary Contact Name/Phone: _____

Allergies: _____

Medication:			Route:			Notes: (daily, PRN, etc)	
Time:	Dosage	Monday	Tuesday	Wednesday	Thursday	Friday	Other Notes:
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							
Medication:			Route:			Notes: (daily, PRN, etc)	
Time:	Dosage	Monday	Tuesday	Wednesday	Thursday	Friday	Other Notes:
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							
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Time:	Dosage	Monday	Tuesday	Wednesday	Thursday	Friday	Other Notes:
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							

Incidents:

Medication picked up by caregiver: _____ date/time: _____