

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

Incidents:

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