Wehinahpay Mountain Camp CAMPER MEDICATION LOG

UNITS MUST FILL THIS OUT TO NOTE THE TIMES DURING CAMP IN WHICH MEDICATION ARE TO BE ADMINISTERED

PLEASE TURN IN TO OUR MEDICAL SERVICES STAFF DURING MEDICAL RE-CHECK. A COPY WILL BE RETAINED WITH YOU AND WITH THE MEDICAL SERVICES OFFICE

PLEASE LET US KNOW 2 WEEKS IN ADVANCE IF YOU PLAN TO STORE MEDICATIONS IN THE HEALTH LODGE OR HAVE MEDICATIONS ADMINISTERED BY THE MEDICAL SERVICES STAFF.

SESSION #	TROOP #	CAMPSITE:	TROOP GUIDE:	OFFICE NOTE:

SCOUT NAME		MEDICATION	DOSAGE	SUNDAY		MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY	
FIRST	LAST			1	2	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2

	Initials	Full Signature	I AM STORING OR ADMINISTERING MEDICATIONS	NOTES
Leader 1			YES NO OTHER	
Leader 2			YES NO OTHER	
Leader 3			YES NO OTHER	
Medical Recheck Staff			N/A	
Medical Services Staff			YES NO OTHER	