

# Sample Daily Log for Medication Administration (complete for EACH medication)

## Camper and Medication Information

Camper's Name, Gender and Age: \_\_\_\_\_

Name and Dosage of Medication: \_\_\_\_\_

Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Year: \_\_\_\_\_

## Medication Administration Log

Directions: Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																															
June																															
July																															
Aug																															

Initials of individual administering medication	Printed Name and Signature of individual administering medication
1.	
2.	
3.	
4.	
5.	

Codes for administration: (A) Absent      (E) Early Dismissal      (F) Field Trip      (N) No Medication available      (O) No Show      (X) No Camp

