

YMCA CAMP WEAVER MEDICATION LOG

Camper Name: _____ Session Date: _____ Cabin: _____

DC: ___ OV: ___ Staff: ___

Allergies to any medications?	No	Yes	List:

Medication:	Dosage: (as listed on prescription)	Breakfast – 8:00am	Lunch – 11:30am/12:30pm	Dinner – 6:00pm	Evening – 9:00pm
1.					
2.					
3.					
4.					
5.					
6.					

EpiPen: Yes: ___ No: ___

Important Notice: By signing this, I understand that medicines will be given by a YMCA Camp Weaver staff member only if the above information is complete and in the original prescription bottle or OTC box with directions.

Parent/Guardian Signature: _____

Sign Out: _____

Print Name (from above): _____

CAMP WEAVER PERSONELLE ONLY

Medication Administration and Delivery Log

Note: All YMCA Camp Weaver staff administering and/or delivering medication must sign and initial the box in which the dose was given. Document the medication and dosage administered.

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Administered:							
	Delivered by:							
Lunch	Administered:							
	Delivered by:							
Dinner	Administered:							
	Delivered by:							
Evening	Administered:							
	Delivered by:							