# 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