

MEDICATION ADMINISTRATION LOG

Program Participant Name: _____

DOB: _____

Program/Camp: _____

Parent/Guardian OTC Medication Administration Consent: Yes No (Must contact parent/guardian for consent)

| Oral Medication Name | Reason for Administration | Dose | Time | Date | Name of Staff Administering | Signature |
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| Skin Medication Name | Reason for Administration | Site Applied | Time | Date | Name of Staff Administering | Signature |
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