

BCCD Summer Camp Medication Administration Log

All medications must be accompanied by a doctor's note.

Name _____ **Camp** _____ **Year** _____

EPIPEN OR INHALER NAME			Exp. Date		Dosage				Dispense Time(s) Required	
If EpiPen, what is the allergen(s)?					What are the signs of an allergic reaction or need for inhaler?					
Administration Instructions										
Side Effects			Should anyone other than your child accidentally inject or inhale this medication, what are possible adverse reactions?							
Count/Amount					Parent/Guardian Initials				Received by (staff initials/date)	
STAFF ONLY	Date									
	Time									
	Initials									

MEDICATION					Dosage				Dispense Time(s) Required	
Administration Instructions								Storage Instructions		
Side Effects										
Count/Amount					Parent/Guardian Initials				Received by (staff initials/date)	
STAFF ONLY	Date									
	Time									
	Initials									

See reverse for additional medications.

