PLEASE BRING WITH YOU TO CAMP CHECK-IN ONLY IF YOU ARE BRINGING MEDICATION

girl scouts of michigan shore to shore

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MEDICATION LOG

Adult name _____ ☐ Camp Anna Behrens ☐ Camp Sakakawea
First Last ☐ Daisy Days

Session date _____ Session name _____

Adults please note: Complete non-shaded areas for each medication to accompany you. <u>All prescription and non-prescription medication needs to be in its original container. All prescription medication must be prescribed for the adult. No exceptions!</u>
I hereby give permission for Camp Anna Behrens/Camp Sakakawea/event staff to oversee the following medications are dispensed according to the directions on the label. Staff will dispense the adult medications after the meal and at bedtime.

Please Note: For medications that are marked "as needed", you are responsible to seek out the first aider to request her medication. The staff will not seek out you to assist with "as needed" medication.

Adult signature _____ Date_____

List each medication in a new box. List exact dosage (i.e. milligrams or teaspoons). Mark the time of day the medication should be taken. List any special comments in comment box.

Inhalers, Epi Pens stay with the adult.

EXAMPLE:

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
Claritin	10 mg. (1 pill)	☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other ☐ As needed								Must take prior to meals.
				For Office Use Only						
					DO NOT WRITE IN SHADED AREAS					

ADULT'S NAME _____ SESSION _____ DATES _____

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other ☐ As needed								
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other ☐ As needed								
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other ☐ As needed								
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