

Name:			GRISWOLD SCOUT RESERVATION	
Troop:	Week		<input type="checkbox"/> CAMP BELL	<input checked="" type="checkbox"/> HIDDEN VALLEY
Patrol:		MEDICATION ADMINISTRATION RECORD		
Campsite:				

PRESCRIBED					ADMINISTERED																					
MEDICATION	DOSE	DATES>>>				/ /		/ /		/ /		/ /		/ /		/ /		/ /								
		TIMES				Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Sat		
		A	N	P	HS			P	HS	A	N	P	HS	A	N	P	HS	A	N	P	HS	A	N	P	HS	A
Medication 1																										
Medication 2																										
Medication 3																										
Medication 4																										
Medication 5																										
Medication 6																										
Medication 7																										
Medication 8																										

**COMMENTS:**

Fill out the top left section only Camp Staff will complete the medication section at camp  
 Form to be collected by the camp health staff with corresponding medications in their original containers at check-in