



GRISWOLD SCOUT RESERVATION

CAMP BELL

HIDDEN VALLEY

Name:

Troop:

Week

Patrol:

Campsite:

MEDICATION ADMINISTRATION RECORD

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
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