2023 MEDICATION LOG

Complete ONE form for EACH prescribed medication that your child will be brining to camp.

_____ **I hereby authorize the Cathance River Education Alliance to administer the following medication to:**

Child's First Name: _____ Child's Last Name: _____

Prescribing Physician: _____
Name of Medication: _____
Dosage: _____ When to give: _____
Continue this medication until: _____
Reason for prescribed medication:
_____
_____

NOTE: All medications must be in their original container and clearly labeled with the Doctor's name and the Child's name.

I have given the first dosage on: _____ /_____ /_____
Signature of Parent/Guardian: _____Date: _____

MEDICATION LOG:

CREA uses this to record the amount, time, and date that a medication was given with staff initials. This document is a reference for sharing information with the child's parent or guardian.

DATE	TIME	AMOUNT IN/ REMAINING	AMOUNT GIVEN	STAFF INITIALS