

Girl Scouts of Michigan Shore to Shore MEDICATION LOG

Girl's name	First	Last	☐ Camp Anna Behrens ☐ Camp Sakakawea ☐ Daisy Days
	Filst	Lasi	
Session date _		Session n	ame
medication no I hereby give p	eeds to be in its original permission for Camp Anna	container. All prescription me a Behrens/Camp Sakakawea/ev	ion to accompany your daughter. <u>All prescription and non-prescription</u> edication must be prescribed for the camper. No exceptions! ent staff to assist my child to take the following medications according to the
directions on ti	ne label. Statt assists can	npers with their medications afte	r the meal and at bedtime.
will not seek o	ut your daughter to assist		s responsible to seek out the first aider to request her medication. The staff day events, overnighters, and minicamps, the camp staff cannot provide er the phone.
Parent/guardia	an signature		Date
	cation in a new box. List cents in comment box.	exact dosage (i.e. milligrams or	easpoons). Mark the time of day the medication should be taken. List any
Inhalers, Epi P	ens stay with the camper	or with the camper's counselor	depending on your preference.
EXAMPLE:			

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
										Must take prior to meals.
Claritin	10 mg.									
	(1 pill)	☐ Breakfast ☐ Lunch ☐ Dinner		For Office Use Only						
				Tot Office Osc Office			ı		4	
		Bedtime			DO N	OT W/	DITE			
		Other								
		☐ As needed			IN SH					
					AREA	3				

GIRL'S NAME	SESSION	DATES
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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								
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		Breakfast Lunch Dinner Bedtime Other As needed								