

Pennsylvania State Police Troop J Camp Cadet

Medication Administration Log

Cadet Applicant Name:

(First)	(Middle)	(Last)

<i>Parent / Guardian</i>	-----Camp Staff Use -----							
Medication information	Administration	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____ (Medication Name or " NONE ") Dose: _____ Pill Color / Description: _____ Specific instructions if required: _____	<input type="checkbox"/> - AM (All Daily Med's) <input type="checkbox"/> - Afternoon <input type="checkbox"/> - PM	<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
_____ (Medication Name) Dose: _____ Pill Color / Description: _____ Specific instructions if required: _____	<input type="checkbox"/> - AM (All Daily Med's) <input type="checkbox"/> - Afternoon <input type="checkbox"/> - PM	<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
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		<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX

<input type="checkbox"/> Continued <i>Use additional pages if needed, All must be signed.</i>	Parent / Guardian Name: _____	Signature: _____	Date: / /
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Camp Nurse Signature: _____	(Life Threatening Allergy / EpiPen note here: _____)
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