



BSA Troop 480 Medication Log

Section completed by Scoutmaster or designated Assistant Scoutmaster

	Child's Name:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
)	Cima sitame.	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Name of medication:								
	1 st Time to be administered:	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered
	Dosage:	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error
	Douge.	☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused
		Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:
Section completed by Parent/Guardian	2 nd Time to be administered (If applicable):	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered	☐ Administered
	Dosage:	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error	☐ Error
		☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused	☐ Refused
	Pill count at drop off:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:	Initials of SM/ASC:
	Initials of parent/guardian:								
\sim		Sunday	l Mondav	l Tuesdav	Wednesdav	Thursday	l Friday	l Saturday	Sunday
pletec	Name of medication:	Sunday Date:	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:	Sunday Date:
n completed	Name of medication:	•	·	•	•		•	•	•
tion completec	Name of medication: 1st Time to be administered:	•	·	•	•		•	•	•
Section completed		Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Section completed	1 st Time to be administered:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Section completed	1 st Time to be administered:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Section completed	1 st Time to be administered:	Date:	□ Administered □ Error □ Refused	□ Administered □ Error □ Refused	Date: ☐ Administered ☐ Error ☐ Refused	□ Administered □ Error □ Refused	□ Administered □ Error □ Refused	□ Administered □ Error □ Refused	Date:
Section completed	1 st Time to be administered:	Date:	□ Administered □ Error □ Refused Initials of SM/ASC:	□ Administered □ Error □ Refused	Date: ☐ Administered ☐ Error ☐ Refused	□ Administered □ Error □ Refused	□ Administered □ Error □ Refused Initials of SM/ASC:	Date:	Date:
Section complete	1 st Time to be administered: Dosage:	□ Administered □ Error □ Refused Initials of SM/ASC:	□ Administered □ Error □ Refused	□ Administered □ Error □ Refused Initials of SM/ASC:	□ Administered □ Error □ Refused Initials of SM/ASC:	□ Administered □ Error □ Refused Initials of SM/ASC:	□ Administered □ Error □ Refused	□ Administered □ Error □ Refused	Date:
Section complete	1 st Time to be administered: Dosage: 2 nd Time to be administered (If applicable):	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered	Date:	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered
Section complete	1 st Time to be administered: Dosage: 2 nd Time to be administered (If applicable): Dosage:	Date: Administered Error Refused Initials of SM/ASC: —— Administered Error	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered □ Error	Date: ☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ——— ☐ Administered ☐ Error	Date: Administered	Date: ☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ——— ☐ Administered ☐ Error	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered □ Error	Date: ☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ——— ☐ Administered ☐ Error	□ Administered □ Error □ Refused Initials of SM/ASC: □ Administered □ Error
Section complete	1 st Time to be administered: Dosage: 2 nd Time to be administered (If applicable):	Date: □ Administered □ Error □ Refused Initials of SM/ASC: ——— □ Administered □ Error □ Refused	Date: □ Administered □ Error □ Refused Initials of SM/ASC: □ Administered □ Error □ Refused	Date: Administered	Date: Administered Error Refused Initials of SM/ASC: Administered Error Refused Refused Refused	Date: ☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ——— ☐ Administered ☐ Error ☐ Refused	Date: Administered Error Refused Initials of SM/ASC: Administered Error Refused	Date: Administered Error Refused Initials of SM/ASC: Administered Error Refused	Date: