BSA Troop 480 Medication Log

Section completed by Scoutmaster or designated Assistant Scoutmaster

Section completed by Parent/Guardian

Child's Name:	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Name of medication:	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________
1st Time to be administered: **Dosage:**	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______
2nd Time to be administered (If applicable): **Dosage:**	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused
Pill count at drop off: ______ Initials of parent/guardian: ______	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: ______
	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Name of medication:	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________	Date: ________
1st Time to be administered: **Dosage:**	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______	☐ Administered ☐ Error ☐ Refused Initials of SM/ASC: ______
2nd Time to be administered (If applicable): **Dosage:**	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused	☐ Administered ☐ Error ☐ Refused
Pill count at drop off: ______ Initials of parent/guardian: ______	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: ______