**Libertyville Recreation Camps**
**MEDICATION DISPENSE LOG**

CHILD NAME: _____ AGE: _____ DOB:_____

PARENT/GUARDIAN:_____

MEDICATION:_____

TIME OF DAY MEDICATION IS TO BE GIVEN:_____ AM _____ PM_____

METHOD OF GIVIING DOSE: _____

AMOUNT OF EACH DOSAGE:_____

DATE FROM:_____ TO_____

REASON FOR MEDICATION:_____

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

PHYSICIAN SIGNATURE: _____ DATE:_____

MEDICATION ADMINISTRATION RECORD:

| DATE | TIME | STAFF INITIALS | | DATE | TIME | STAFF INITIALS |
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