

Next dose of medication is due \_\_\_\_\_

**HEALTH AND MEDICATION RECORD**

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Camper Name Jane Doe

Age 62 Sex F

Assigned Group \_\_\_\_\_

R = Refused M = Missed

Session		Session Dates __/__/__ to __/__/__							
Medication	Dose (mg)	Amount (# of tabs or ml)	Time						
Gaufacine 1mg Tablets  Beginning count ( )	1mg	1	8:00 AM						
Baclofen 10mg Tablets  Beginning count ( )	30mg	3	8:00 AM						
	20mg	2	4:00 PM						
	30mg	3	9:00 PM						
Risperdal Oral Solution 1mg/ml  Beginning count ( )	3mg	3m	8:00 AM						
Ibuprofen 200mg Tablets  Beginning count ( )	400mg	2	PRN						
Diastat For seizures lasting longer than 5 minutes. Beginning count ( )	10mg	1	PRN						

TREATMENT/Home Device	APPLICATION	TIME	ADDITIONAL NOTES
Ketoconazole 2% Cream	Apply to Feet	8:00 PM	Apply to both feet at bedtime after shower.

Please check if MEDS given by: Mouth  G-tube  w/applesauce or pudding  with water  crushed

ALLERGIES \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**TO BE COMPLETED BY MEDICAL STAFF ONLY**

INITIAL ASSESSMENT: NO S/S ILLNESS/INJURY  NO MEDICAL ASSISTANCE NEEDED

DATE	TIME	TREATMENT	DAY	DAY	DAY	DAY	DAY	DAY
DATE	TIME	REASON FOR VISIT/ASSESSMENT				TREATMENT		PROVIDER'S INITIALS

NURSE'S NAME	SIGNATURE w/Credential	INITIALS

ALLERGIES \_\_\_\_\_

SIGNATURE \_\_\_\_\_