

Jericho Youth Services

Summer Camp – *The Ultimate Summer Camp*

Scheduled Medication Dispensing / Treatment Record



To be completed for all scheduled medications and treatments. Parent/Guardian to complete one medication/treatment form, per program. Parent to review at session end. This record to be retained by staff in the program file/binder.

Participants Name: _____

*must correspond with name on prescription container

Medication/Treatment Information:

Name of Medication: _____ Dosage: _____

Description: Tablet Capsule Liquid Spray
Please check the appropriate box
 Other _____
(Please describe)

Date Prescribed: _____ Start Date: _____ End Date: _____

Storage Instructions: _____

Administration Instructions:

STOP the medication/treatment if:

I release Jericho Youth Services, it's Board of Directors, staff and volunteers from any liability, however caused arising out of the administering, or failure to administer the medication provided herein.

 Parent/Guardian Signature

 Date

Times to Be Administered:

Program Name: _____

Medication Administration Chart

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

**Checked by staff if child received medication