McKENDREE METROREC PLEX
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PLEXKIDS

Summer Camp

Child's Name:_____ Name of Medication:_____Child's Primary Group:_____

ALWAYS review the written Parent/Guardian medication instructions and Health Care Provider's medical order (when necessary according to regulation) prior to EVERY administration. Instructions should be attached to this sheet.

7 Rights MUST be performed with EVERY dose! Right **child,** Right **medication**, Right **dose**, Right **route**, Right **time**, Right **reason**, Right **documentation**

Date Given	Time Given	Dose Given	Route Given	Time last dose was given by Guardian	Comments/Reactions	CONTROLLED SUBSTANCES				Staff Signature	Quality Check
						# on Hand	# Given	# Remain	Staff Signature		

When medication has been discontinued, it should be returned to the parents or disposed of properly.