

**Allegheny Highlands Council**  
**NYLT 2022**  
**Medication Administration Record**  
**Weekend #1 >>> April 22 - 24, 2022**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Camp Site: \_\_\_\_\_

**Administered Prescribed Medication**

#	Medication	Dose	AM	PM	BT	AN
1						
2						
3						
4						
5						

**Administered Over the Counter Medication**

#	Medication	Dose	AM	PM	BT	AN
1						
2						
3						
4						
5						

**Friday April 22, 2022**

Med #	BT	As Needed
1		
2		
3		
4		
5		

Participant \_\_\_\_\_

Health Officer \_\_\_\_\_

Administrative Use Only	
Health Officer	_____
<input type="checkbox"/>	Checked BSA Medical FORM
<input type="checkbox"/>	Checked In and Reviewed Medication submission with parent
<input type="checkbox"/>	Reviewed with Scoutmaster
<input type="checkbox"/>	Checked Out Medication Bottles with parent

Medication	# of Pills brought in

The Number of pills brought into camp stated in above table is accurate and correct

\_\_\_\_\_  
 Parent Signature / Date

**Saturday April 23, 2022**

Med #	AM	PM	BT	As Needed
1				
2				
3				
4				
5				

Participant \_\_\_\_\_

Health Officer \_\_\_\_\_

\_\_\_\_\_  
 Health Officer Signature / Date

Medication	# of Pills left in bottles

The Number of pills left in bottles stated in above table is accurate and correct

\_\_\_\_\_  
 Parent Signature / Date

\_\_\_\_\_  
 Health Officer Signature / Date

**Sunday April 24, 2022**

Med #	AM	PM	As Needed
1			
2			
3			
4			
5			

Participant \_\_\_\_\_

Health Officer \_\_\_\_\_