



Name	Unit	Allergies	Unit Staff
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**PRN and ONE-TIME MEDICATIONS**

MEDICATION (Dose, Route, Frequency)	Reason for Med	Date, Time, and Initials								Effects Noted

**DOCUMENTATION of OMITTED DOSE of MEDICATION**

MEDICATION (Dose, Route, Frequency)	Dose Omitted	Reason for Omission	Initials

This form will be completed during the camper's participation in an Outdoor Ministries sponsored camp at Woodland Altars or Cave Camp in Rock Castle County in Kentucky and will be filed in the individual camp file by camp name and date.