Pennsylvania State Police
Troop E Camp Cadet
Medication Administration Log- Scheduled

Cadet Applicant Name (First, Middle, Last): _____

Parent/Guardian complete: Medication Description and Administer- Time		********** Camp Cadet Nurse use only **********					
Medication Description	**Administer -Time**	**Sun.**	**Mon.**	**Tues.**	**Wed.**	**Thur.**	**Fri.**
Medication Name: _____	☐ -Following sleep	☒ XXXXX	☐	☐	☐	☐	☐
Dose: _____	☐ -Prior to breakfast	☒ XXXXX	☐	☐	☐	☐	☐
Pill Color: _____	☐ -Prior to lunch	☒ XXXXX	☐	☐	☐	☐	☐
☐ Specific instructions: _____	☐ -Prior to dinner	☐	☐	☐	☐	☐	☐
	☐ -Prior to sleep	☐	☐	☐	☐	☐	☒ XXXXX
Medication Name: _____	☐ -Following sleep	☒ XXXXX	☐	☐	☐	☐	☐
Dose: _____	☐ -Prior to breakfast	☒ XXXXX	☐	☐	☐	☐	☐
Pill Color: _____	☐ -Prior to lunch	☒ XXXXX	☐	☐	☐	☐	☐
☐ Specific instructions: _____	☐ -Prior to dinner	☐	☐	☐	☐	☐	☐
	☐ -Prior to sleep	☐	☐	☐	☐	☐	☒ XXXXX
Medication Name: _____	☐ -Following sleep	☒ XXXXX	☐	☐	☐	☐	☐
Dose: _____	☐ -Prior to breakfast	☒ XXXXX	☐	☐	☐	☐	☐
Pill Color: _____	☐ -Prior to lunch	☒ XXXXX	☐	☐	☐	☐	☐
☐ Specific instructions: _____	☐ -Prior to dinner	☐	☐	☐	☐	☐	☐
	☐ -Prior to sleep	☐	☐	☐	☐	☐	☒ XXXXX
Medication Name: _____	☐ -Following sleep	☒ XXXXX	☐	☐	☐	☐	☐
Dose: _____	☐ -Prior to breakfast	☒ XXXXX	☐	☐	☐	☐	☐
Pill Color: _____	☐ -Prior to lunch	☒ XXXXX	☐	☐	☐	☐	☐
☐ Specific instructions: _____	☐ -Prior to dinner	☐	☐	☐	☐	☐	☐
	☐ -Prior to sleep	☐	☐	☐	☐	☐	☒ XXXXX
Medication Name: _____	☐ -Following sleep	☒ XXXXX	☐	☐	☐	☐	☐
Dose: _____	☐ -Prior to breakfast	☒ XXXXX	☐	☐	☐	☐	☐
Pill Color: _____	☐ -Prior to lunch	☒ XXXXX	☐	☐	☐	☐	☐
☐ Specific instructions: _____	☐ -Prior to dinner	☐	☐	☐	☐	☐	☐
	☐ -Prior to sleep	☐	☐	☐	☐	☐	☒ XXXXX

☐ Continued on second page:

Parent/Guardian Signature (First, Middle, Last): _____

Parent/Guardian Name (First, Middle, Last): _____

Date: _____

(Return)

Internal Use Only: Nurse Signature: _____ *(Life Threatening Allergy / EpiPen note here)* _____