

Medication and Treatment Log

Event Name: _____ Event Location: _____

Today's Date: _____ Designated Medical Person: _____

	Name	Adult or Minor	Type of Health Issue or Injury	Treatment or Medication and Dosage	Additional Comments, Were Parents Contacted	Medical Person Initials	Time of Treatment or Medication
1							
2							
3							
4							
5							
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11							
12							
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14							
15							