girl scouts of central maryland

_____ MEDICAL LOG

Event Name:

Location:

First-Aider(s):

1

Date: **Time/Start:** **Name:** **Time/End:**

What Happened?: Girl ☐ Adult ☐

Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History **Parent called** ☐ Yes ☐ No

Treatment:

Done by:

2

Date: **Time/Start:** **Name:** **Time/End:**

What Happened?: Girl ☐ Adult ☐

Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History **Parent called** ☐ Yes ☐ No

Treatment:

Done by:

3

Date: **Time/Start:** **Name:** **Time/End:**

What Happened?: Girl ☐ Adult ☐

Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History **Parent called** ☐ Yes ☐ No

Treatment:

Done by: