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: