

Troop Meeting 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 ☐ Y ☐ N			
	Treatment:			
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 ☐ Y ☐ N			
	Treatment:			
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 ☐ Y ☐ N			
	Treatment:			
4	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			

5	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:
6	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:
7	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:
8	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:
9	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:

	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:
	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:
	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by:
	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
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	Treatment:			
				Done by:
	Date:	Time/Start:	Name:	Time/End:
	What Happened?:			
	Girl ☐ Adult ☐			
	Verify and check box: ☐ Over-the-Counter (OTC) & Provided Prescription ☐ Health History Parent called ☐ Y ☐ N			
	Treatment:			
				Done by: