FORM - 04 MEDICAL RECORD LOG

THIS FORM MUST BE MAINTAINED BY THE HEALTH SUPERVISOR

(Required to be kept on site)

MOUNT HOPE BIBLE CAMP

Please include the following information about the incident: Who, What, When and Where.

Person Treated:_____ Date:_____ Time:_____

Parent/Guardian notified. ☐ YES ☐ NO Date & Time of Notification:_____

Medication Dispensed:_____ Dosage: _____ Interval dispensed:_____

Person dispensing medication/administering First Aid:_____

First Aid/medical treatment rendered and notes:_____

Health Supervisor's statement:

You may opt out by checking the following statement: ☐ I decline to provide medical records to MHBC.

Group Name:_____ Health Supervisor:_____

Signature:_____ Date:_____