



**DAILY PROCEDURE LOG**

**Camper Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex/Gender:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Pertinent Allergies:** \_\_\_\_\_

**Camp Name:** \_\_\_\_\_ **Camp Dates:** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Instructions:**

Please list all procedures/care tasks that must be given while camper is at camp. Please attach additional notes if needed.

We ask that you provide all personal care items including but not limited to diapers, wipes/cleansing pads, ointments/creams/powders, etc.

Staff will initial in the green/shaded boxes after completing the procedures/care tasks treatments each day.

| TIME | PROCEDURE | MON | TUES | WED | THURS | FRI |
|------|-----------|-----|------|-----|-------|-----|
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