

Massachusetts Department of Public Health

Medication Administration Competency Skill Checklist

To be completed at the time the Health Care Supervisor (other than licensed medical professional) is assessed by the camp's Health Care Consultant.

Staff Information:

Health Care Supervisor
Name: _____

Date: _____

Medication Name: _____

Route: Oral Tablet Topical Drops: eye, ears, nose
 Oral Liquid Other (please document): _____

Checklist:

Steps to follow:	√ (Check)
Identifies camper	
Asks camper how he/she feels	
Observes camper	
Reads medication administration plan	
Washes hands	
Checks label of medication	
Prepares medication properly	
Reads label of medication a 2 nd time	
Reads label of medication a 3 rd time and administer med correctly	
Replaces medication in cabinet or refrigerator	
Locks cabinet	
Documents in medication log	
Comments: _____	

Signatures:

Health Care Consultant
Name and Title: _____

Signature: _____

Health Care Supervisors
Signatures: _____

Signatures: _____