

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
Supervisor**

Signature: _____