

# 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 <sup>nd</sup> time	
Reads label of medication a 3 <sup>rd</sup> 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: \_\_\_\_\_