



# BROOKLINE DEPARTMENT OF PUBLIC HEALTH

11 PIERCE STREET  
BROOKLINE, MA 02445  
617-730-2300

**Dr. Swannie Jett, DrPH, MSc**  
*Director 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 Supervisor

Signature: \_\_\_\_\_