



Health Record Log

Event Name _____

Troop Number _____

Date(s) ____/____/____ to ____/____/____

ACA HW-21 Recordkeeping

HW-21.1: A health log or other health recordkeeping system in which the following information is recorded in ink:

- Date, time and name of person injured or ill
- General description of injury or illness
- Description of treatment (if administered), including any treatment administered away from the health-care facility
- Administration of all medications
- Write full, real name of person evaluating and treating

HW-21.2: Reports all accidents/incidents. Use Accident/Incident Report form, PGO-0016

HW.10: Record parent notification of illness or injury.

Date/Time	Name of patient	Treated by
Health Problem		
Health Care Provided		
Parent Notification	If parent was notified, write parent name and time contacted:	
Date/Time	Name of patient	Treated by
Health Problem		
Health Care Provided		
Parent Notification	If parent was notified, write parent name and time contacted:	
Date/Time	Name of patient	Treated by
Health Problem		
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