

Routine Drug Administration Record

Name: _____ Campsite: _____

Troop No.: _____ Date of birth: _____ Classification: _____

Drug hypersensitivity: _____ Weight: _____

Prescribing Physician: _____ Rx: No Yes Number(s): _____
 Medications: _____ Date filled: _____
 Dosage: _____
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Amount in bottle: _____ Comments: _____

MED TIME	S	M	T	W	T	F	S

Prescribing Physician: _____ Rx: No Yes Number(s): _____
 Medications: _____ Date filled: _____
 Dosage: _____
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Amount in bottle: _____ Comments: _____

MED TIME	S	M	T	W	T	F	S

Prescribing Physician: _____ Rx: No Yes Number(s): _____
 Medications: _____ Date filled: _____
 Dosage: _____
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MED TIME	S	M	T	W	T	F	S

Initial Signature Name Position

Instructions: Sheet is for reproduction as needed; it should be three-hole punched and kept in a binder during camp week. Use one sheet for each camper with a prescription. Record all medicines brought to camp (up to six medications to a sheet). The medication, dosage, and dosage schedule should be copied from the prescription. Record dispensing times and days in the blocks provided for each medication as they are dispensed daily. After camp week, place sheet(s) inside the first aid log.