

Routine Drug Administration Record

Name: _____ Campsite: _____

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

Drug hypersensitivity: _____ Weight: _____

Prescribing Physician _____ Rx No: Yes Number(s) _____
 Medication _____ 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	S	M	T	W	T	F	S
TIM							

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Initial: _____ Signature: _____ Name: _____ Position: _____

Instructions: Use one sheet for each camper with prescription. Record all medications 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 first aid log.