

ROUTINE DRUG ADMINISTRATION RECORD

CAMPSITE: _____

Classification: _____

Weight: _____

Date of Birth: _____

Drug Hypersensitivity: _____

NAME: _____

Troop No.: _____

Prescribing Physician: _____

Medications: _____ RX: NO YES Number(s) _____
ROUTE: P.O. I.M. S.C. S.L. Topical INHALATON RECTAL
TIMES: PRN DAILY BID TID QID AC PC HS
DOSAGE: _____
COMMENTS: _____
Amount in Bottle: _____

MED TIME:	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.

Prescribing Physician: _____

Medications: _____ RX: NO YES Number(s) _____
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POSITION: _____

NAME: _____

SIGNATURE: _____

INITIALS: _____

INSTRUCTION: 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 per 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. After camp, place sheet(s) inside the first aid log.

P.O.=by mouth	S.C.=sub-cutaneous	T.I.D.=three times a day	H.S.=hours of sleep (taken at bedtime)
I.M.=intramuscular	S.L.=sub-lingual-under tongue	Q.I.D.=four times a day	A.C.=before meals
PRN=as needed	B.	Topical=on skin surface	P.C.=after meals
			Rectal

