



# Routine Drug Administration Record

Name \_\_\_\_\_ Troop # \_\_\_\_\_  
 Campsite \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Classification: \_\_\_\_\_  
 Drug Hypersensitivity \_\_\_\_\_ Weight \_\_\_\_\_

Prescribing Physician \_\_\_\_\_  
 Medication \_\_\_\_\_ Rx: No Yes # \_\_\_\_\_  
 Dosage \_\_\_\_\_ Date Filled \_\_\_\_\_  
 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 \_\_\_\_\_

Prescribing Physician \_\_\_\_\_  
 Medication \_\_\_\_\_ Rx: No Yes # \_\_\_\_\_  
 Dosage \_\_\_\_\_ Date Filled \_\_\_\_\_  
 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 \_\_\_\_\_

Prescribing Physician \_\_\_\_\_  
 Medication \_\_\_\_\_ Rx: No Yes # \_\_\_\_\_  
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 Medication \_\_\_\_\_ Rx: No Yes # \_\_\_\_\_  
 Dosage \_\_\_\_\_ Date Filled \_\_\_\_\_  
 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 \_\_\_\_\_

Times	S	M	T	W	T	F	S

Times	S	M	T	W	T	F	S

Times	S	M	T	W	T	F	S

Times	S	M	T	W	T	F	S

Times	S	M	T	W	T	F	S

Position

Name

Signature

Initial

**Instructions:** Sheet is for reproduction as needed; it should be three-hole punched and kept in a binder during camp week. Use one sheet per camper with a prescription. Record all medicines brought to camp (up to five 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) in the first aid log.