



Routine Drug Administration Record

Name _____ Troop # _____
 Campsite _____
 Date of Birth ____/____/____ Classification: _____
 Weight _____
 Drug Hypersensitivity _____

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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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 _____

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.