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

Position

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

Name

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

Signature

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

Initial

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: _____

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