# Routine Drug Administration Record

Name:____________________________________ Campsite:_________________

Unit Number:________ Date of birth:_______________ Classification:______________

Drug Hypersensitivity:_________________________________ Weight:_____________

Prescribing Physician:______________________________
Medication:________________ Rx: No Yes Number:___________
Dosage:_______________________ Date Filled:_____________
Route: P.O . I.M. S.C. S.I. Topical Inhalation Rectal
Time: PRN Daily BID TID QID AC PC HS
Amount in bottle:_______________ Comments:_______________

| Med Time | S | M | T | W | R | F | S |
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| Initial | Signature | Name | Position |
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Instructions: Record on this form all medicines brought to camp. You can list up to four medications on each sheet. Record dispensing times and dates in the spaces provided.