Routine Drug Administration Record

Name: ____________ Campsite: ____________

Troop No.: ____________ Date of birth: ____________ Classification: ____________

Drug hypersensitivity: ____________ Weight: ____________

Prescribing Physician: ______________________________

Medications: ______________ Rx: ☐ No ☐ Yes Number(s): ______

Dosage: ________________________ Date filled: ______________

Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal

Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.

Amount in bottle: ______________ Comments: __________________

Med Time	S	M	T	W	T	F	S

Prescribing Physician: ______________________________

Medications: ______________ Rx: ☐ No ☐ Yes Number(s): ______

Dosage: ________________________ Date filled: ______________

Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal

Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.

Amount in bottle: ______________ Comments: __________________

Med Time	S	M	T	W	T	F	S

Prescribing Physician: ______________________________

Medications: ______________ Rx: ☐ No ☐ Yes Number(s): ______

Dosage: ________________________ Date filled: ______________

Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal

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Amount in bottle: ______________ Comments: __________________

Med Time	S	M	T	W	T	F	S

Prescribing Physician: ______________________________

Medications: ______________ Rx: ☐ No ☐ Yes Number(s): ______

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Amount in bottle: ______________ Comments: __________________

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Prescribing Physician: ______________________________

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Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal

Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.

Amount in bottle: ______________ Comments: __________________

Med Time	S	M	T	W	T	F	S

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

Initial	Signature	Name	Position

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 FIVE 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.