Routine Drug Administration Record

Name:	Ca	impsite:	
Troop No.:	Date of birth:	Classification:	
Drug hypersensitivity	<i>f</i> :	Weigh	:
Prescribing Physician: Medications: Dosage: Route: P.O. I.M. S. Times: PRN Daily Amount in bottle:	Prescribing Physician: Medications: Dosage: Route: P.O. I.M. S. Times: PRN Daily Amount in bottle: Prescribing Physician: Medications: Dosage: Dosage: Route: P.O. I.M. S. Times: PRN Daily Amount in bottle:	Medications: Dosage: Route: P.O. I.M. S.C. Times: PRN Daily E Amount in bottle: Prescribing Physician: Medications: Dosage: Route: P.O. I.M. S.C. Times: PRN Daily E Amount in bottle:	Prescribing Physician: Medications: Dosage: Route: P.O. I.M. S.C. Times: PRN Daily E Amount in bottle:
Rx: No Yes Number(s): Date filled: S.C. S.I. Topical Inhalation Rectal aily BID TID QID AC PC HS Comments:	Date filled: Date filled: Date filled: Date filled: Daily BID TID QID AC PC HS Comments: Date filled: Comments: Date filled: Date filled: Date filled: Date filled: Comments: Date filled: Date filled: Comments: Comments: Date filled: Date filled: Comments: Date filled: Date filled:	Date filled: I.M. S.C. S.I. Topical Inhalation Rectal Daily BID TID QID AC PC HS Comments: Comments: Date filled: I.M. S.C. S.I. Topical Inhalation Rectal Date filled: I.M. S.C. S.I. Topical Inhalation Rectal Daily BID TID QID AC PC HS Comments: Comments:	Rx: No Yes Number(s):
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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 six 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) inside the first aid log.