2027 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: _____

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Prescribing Physician: _____

Medications: _____ Rx: No Yes Number(s): _____

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Med Time	S	M	T	W	T	F	S

Route:
Time:

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.