Routine Drug Administration Record

Name: ______ DOB: ______ Weight: ______

Campsite: ______ Troop/Crew/Ship #: ______

Drug Hypersensitivity: ______ Allergies: ______

INSTRUCTIONS: Use one sheet for each camper with a prescription. Record all medicine brought to camp (4 per sheet). The medication dosage and dosage schedule should be copied from the prescription. Please indicate what time of day the medication should be given. **STAFF:** Record dispensing times and giver's initials in the blocks provided for each medication as they are dispensed. Medication forms to be placed in First Aid Log at end of camp.

Please send ONLY the quantity needed for the course

MEDICATION: ______________________________ **[ ]RX / [ ] OTC**
DOSAGE: __________ **TIME: [ ]**breakfast **[ ]**lunch **[ ]**dinner **[ ]**bedtime
[ ] With Food
Amount Sent: WL/WE1 ________**IE:** _____**/WE2** __________**IE:**______
Amount Return: WL/WE1_______**IE:**______**/WE2** __________**IE:**______

MEDICATION: ______________________________ **[ ]RX / [ ] OTC**
DOSAGE: __________ **TIME: [ ]**breakfast **[ ]**lunch **[ ]**dinner **[ ]**bedtime
[ ] With Food
Amount Sent: WL/WE1 ________**IE:** _____**/WE2** __________**IE:**______
Amount Return: WL/WE1_______**IE:**______**/WE2** __________**IE:**______

MEDICATION: ______________________________ **[ ]RX / [ ] OTC**
DOSAGE: __________ **TIME: [ ]**breakfast **[ ]**lunch **[ ]**dinner **[ ]**bedtime
[ ] With Food
Amount Sent: WL/WE1 ________**IE:** _____**/WE2** __________**IE:**______
Amount Return: WL/WE1_______**IE:**______**/WE2** __________**IE:**______

MEDICATION: ______________________________ **[ ]RX / [ ] OTC**
DOSAGE: __________ **TIME: [ ]**breakfast **[ ]**lunch **[ ]**dinner **[ ]**bedtime
[ ] With Food
Amount Sent: WL/WE1 ________**IE:** _____**/WE2** __________**IE:**______
Amount Return: WL/WE1_______**IE:**______**/WE2** __________**IE:**______

FOR STAFF USE ONLY

Su Fr	Mo Sa	Tu Su	We --	Th Fr	Fr Sa	Sa Su

Su Fr	Mo Sa	Tu Su	We --	Th Fr	Fr Sa	Sa Su

Su Fr	Mo Sa	Tu Su	We --	Th Fr	Fr Sa	Sa Su

Su Fr	Mo Sa	Tu Su	We --	Th Fr	Fr Sa	Sa Su

WL = week long course **WE =** weekend course **IE =** initials **RX=** prescription **OTC =** over the counter