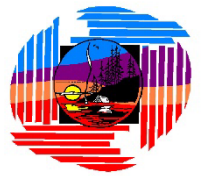


Prescription Medication Dosing Record

Camp Cedars – Mid-America Council



Scout /Adult Name: _____ Unit #: _____ Dates at Camp: _____

Instructions:

- Each participant taking medications should have a separate form.
- This form should be completed by the parent and reviewed by the adult in the unit who will administer the medication at camp (unit health officer).
- List each prescription medication the scout is taking separately and include when the medication should be taken.
- The unit health officer giving the medication should put their initials by the time at which the medication was given. If no medication is given, leave the space blank.

Medication Name and Dose	Day of Week	Breakfast Meds	Lunch Meds	Dinner Meds	Bedtime Meds
Ex: Montelukast 10mg daily at breakfast		8:15a CAS			
	Sunday	---	---		
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday		---	---	---
	Sunday	---	---		
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday		---	---	---
	Sunday	---	---		
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday		---	---	---
	Sunday	---	---		
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday		---	---	---

NOTE: If a scout is receiving more than four medications, use an additional form

**THIS FORM MUST BE TURNED IN ON FRIDAY OR SATURDAY IN
THE HEALTH LODGE BEFORE CHECKING OUT OF THE CAMP**

Print Adult Name & Initials: _____

Print Adult Name & Initials: _____

Print Adult Name & Initials: _____

11/8/22