

Prescription Medication Dosing Form

Blue Ridge Mountains Council, Scouting America

Name of Participant: _____ Age: _____ Unit Number: _____

Summer Camp Session/Date: _____ Campsite: _____

Each participant taking medications should have a separate form. Ideally, the form should be completed by the adult planning to administer the medication. List each prescription medication the scout is receiving separately. If a scout is receiving more than 3 medications, use an additional form. The unit health officer giving the medication should put their name or initials by the time at which the medication was given. If no medication is given, leave the space blank.

Medication name & frequency of administration listed on bottle	Weekday	Medication given around breakfast (7:00-8:00 AM)	Medication given around lunch (12:00-1:00 PM)	Medication given around dinner (6:00 PM)	Medications given at bedtime
Med Name:	Sunday				
Strength:	Monday				
	Tuesday				
RX No:	Wednesday				
Prescriber/Pharmacy:	Thursday				
	Friday				
	Saturday				
Med Name:	Sunday				
Strength:	Monday				
	Tuesday				
RX No:	Wednesday				
Prescriber/Pharmacy:	Thursday				
	Friday				
	Saturday				
Med Name:	Sunday				
Strength:	Monday				
	Tuesday				
RX No:	Wednesday				
Prescriber/Pharmacy:	Thursday				
	Friday				
	Saturday				