

MMSR Prescription Medication Dosing Form

Black Hills Area Council - Boy Scouts of America

Scout Name: _____ Age: _____ Unit # _____

Summer Camp Session / Date _____ Campsite: _____

Instructions:

- Each participant taking medications should have a separate form.
- Ideally, the form should be completed by the adult in the unit who will administer the medication at camp (unit health officer).
- List each prescription medication the scout is receiving separately.
- 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 and frequency of administration listed on the bottle		Medication given around Breakfast (7-8 AM)	Medication given around Lunch (12-1 PM)	Medication given around Supper (6 PM)	Medications given at bedtime
	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 three medications, use an additional form

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