Routine Drug Administration Record

			Prescribing Physician: Medications: Rx: No Yes Number(s): Deta filled:	Med Time	S	М	Т	w	Т	F	S	
Campsite:	Classification:	Weight:	Dosage: Date filled: Route: Description Property Property Daily Dai									Position
			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.		S	М	Т	W	Т	F	S	
			Amount in bottle: Comments: Prescribing Physician: 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:		S	M	Т	W	Т	F	S	Name
	Date of birth:		Prescribing Physician: Medications: Rx: No Yes Number(s): Dosage: Date filled: 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:		S	M	Т	W	T	F	S	
		Drug hypersensitivity:	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:		S	M	T	W	T	F	S	Signature
Name:	Troop No.:	Drug hype		ay Q	.I.D. =	four ti		ider-to day	ngue			Initial

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.