

# Routine Drug Administration Record

Name: \_\_\_\_\_ Campsite: \_\_\_\_\_  
 Troop No.: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Classification: \_\_\_\_\_  
 Drug hypersensitivity: \_\_\_\_\_ Weight: \_\_\_\_\_

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: \_\_\_\_\_

Med Time	S	M	T	W	T	F	S

Prescribing Physician: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Rx: No Yes Number(s): \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal  
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Med Time	S	M	T	W	T	F	S

Prescribing Physician: \_\_\_\_\_  
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Prescribing Physician: \_\_\_\_\_  
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Med Time	S	M	T	W	T	F	S

Prescribing Physician: \_\_\_\_\_  
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 Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S.  
 Amount in bottle: \_\_\_\_\_ Comments: \_\_\_\_\_

Med Time	S	M	T	W	T	F	S

P.O. = by mouth      I.M. = intramuscular      S.C. = sub-cutaneous      S.L. = sub-lingual-under-tongue  
PRN = as needed      B.I.D. = two times a day      T.I.D. = three times a day      Q.I.D. = four times a day  
A.C. = before meals      P.C. = after meals      H.S. = hours of sleep (taken at bedtime)

Initial      Signature      Name      Position

**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.