



Routine Drug Administration Record

Name _____

Campsite _____ Troop # _____

Date of Birth ____/____/____ Classification: _____

Drug Hypersensitivity _____ Weight _____

Prescribing Physician _____ Rx: No Yes # _____
 Medication _____ Date Filled _____
 Dosage _____
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Amount in Bottle _____ Comments _____

Times	S	M	T	W	T	F	S

Prescribing Physician _____ Rx: No Yes # _____
 Medication _____ Date Filled _____
 Dosage _____
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
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Times	S	M	T	W	T	F	S

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Times	S	M	T	W	T	F	S

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 per camper with a prescription. Record all medicines brought to camp (up to five medications to a 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 daily. After camp week, place sheet(s) in the first aid log.