

Routine Drug Administration Record

Name: _____

Campsite: Tuscarora

Troop No.: 72-MTC

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: _____

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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P.O. = by mouth I.M. = intermuscular 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)

Med Time	S	M	T	W	T	F	S

Med Time	S	M	T	W	T	F	S

Med Time	S	M	T	W	T	F	S

Med Time	S	M	T	W	T	F	S

Med Time	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 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.