

# Routine Drug Administration Record

Name: \_\_\_\_\_ Campsite: \_\_\_\_\_

Troop No: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Classification: \_\_\_\_\_

Drug hypersensitivity: \_\_\_\_\_ Weight: \_\_\_\_\_

Prescribing Physician \_\_\_\_\_  
 Medication \_\_\_\_\_ Rx No: Yes Number (s) \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled \_\_\_\_\_  
 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: \_\_\_\_\_

MED	S	M	T	W	T	F	S

Prescribing Physician \_\_\_\_\_  
 Medication \_\_\_\_\_ Rx No: Yes Number (s) \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled \_\_\_\_\_  
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal  
 Times: PRN Daily BID TID QID AC PC HS  
 Amount in bottle \_\_\_\_\_  
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 Times: PRN Daily BID TID QID AC PC HS  
 Amount in bottle \_\_\_\_\_  
 Comments: \_\_\_\_\_

MED	S	M	T	W	T	F	S

Initial: \_\_\_\_\_ Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Instructions:** Use one sheet for each camper with prescription. Record all medications brought to camp (up to six 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) inside first aid log.