

# Routine Drug Administration Record

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

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

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

Prescribing Physician: \_\_\_\_\_ Rx: No Yes Number(s): \_\_\_\_\_  
 Medications: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Dose: \_\_\_\_\_  
 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: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Rx: No Yes Number(s): \_\_\_\_\_  
 Medications: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Dose: \_\_\_\_\_  
 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: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Rx: No Yes Number(s): \_\_\_\_\_  
 Medications: \_\_\_\_\_ Date filled: \_\_\_\_\_  
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 Times: PRN Daily BID TID QID AC PC HS  
 Amount in bottle: \_\_\_\_\_ Comments: \_\_\_\_\_

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

MED TIME	S	M	T	W	T	F	S

Position

Name

Signature

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 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 the first aid log.