

MEDICATION FORM

M

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

Prescribing Physician: _____
 Medications: _____ 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 TIME	S	M	T	W	T	F	S

Position

Prescribing Physician: _____
 Medications: _____ Rx: No Yes Number(s): _____
 Dosage: _____ Date filled: _____
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal
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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.