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Routine Drug Administration Record

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

Prescribing Physician _____	Medication _____ Rx No: Yes Number(s) _____	MED									
Dosage: _____	Date filled _____	TIM	S	M	T	W	T	F	S		
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 _____	Medication _____ Rx No: Yes Number(s) _____	MED									
Dosage: _____	Date filled _____	TIM	S	M	T	W	T	F	S		
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 _____	Medication _____ Rx No: Yes Number(s) _____	MED									
Dosage: _____	Date filled _____	TIM	S	M	T	W	T	F	S		
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 _____	Medication _____ Rx No: Yes Number(s) _____	MED									
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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: _____										

Initial: _____ 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.

A Helpful Hints Guide For Bringing Medications To Camp

1 All medications need to be in their original prescription containers with all the information on the label. The information on the prescription bottle should match the manner in which the medication is presently being administered. If there has been a change in the dosage since the prescription label was printed on the bottle, the new dosage should be documented, preferably by the doctor, with his or her signature on a prescription sheet. Then the prescription bottles should be in a Ziploc bag on which should be written the following information: the Scout's first and last name, troop number, and campsite. Please do not send loose pills in Ziploc bags! You may send them pre-poured in daily/weekly pill compartment boxes, but the original prescription bottles with at least one sample of the medication from that container must be present. The pill box and prescription bottles should be in one Ziploc bag together and marked as noted above.

2 Please try to fill in the identity information as completely as possible on the Routine Drug Administration Record. Such as name, campsite, troop number, date of birth, etc... The area of the form where there is a space for medication names can also be filled in to expedite the check-in process. It is not necessary to fill in prescribing Physician or RX number. The area for dosage may be filled in. This form can be filled in by the parent prior to camp as much as they can. These forms will then be cross checked with the prescription bottles at Medical Check-in and any necessary corrections will be made. This is now the form that will be used to administer the medication for the Scout for the week. As per B.S.A. National Policy, prescription medication and nonprescription medicines will be held at, and administered from the Camp Health Lodge by the Camp Health Officer. (Exceptions include any "emergency medications")

**** By filling out these form properly in advance as best as possible we hope to decrease the time spent at the Medical Check-in area.**