

# Routine Drug Administration Record

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

Unit Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Classification: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_

Medication: _____ Prescription: <input type="checkbox"/> Yes <input type="checkbox"/> No Dosage: _____ Date Filled: _____ Route: <input type="checkbox"/> Oral <input type="checkbox"/> Injection <input type="checkbox"/> Other: _____ Time(s) Given: _____ Amount in Bottle: _____ Prescribing Provider: _____ Comments: _____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">Time</th> <th style="padding: 2px;">S</th> <th style="padding: 2px;">M</th> <th style="padding: 2px;">T</th> <th style="padding: 2px;">W</th> <th style="padding: 2px;">T</th> <th style="padding: 2px;">F</th> <th style="padding: 2px;">S</th> </tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Time	S	M	T	W	T	F	S																																
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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.