## **Routine Drug Administration Record**

Name:			Campsit	te:	
Ггоор No.: _	Date of b	irth:	Classification: _		
Orug hypers	ensitivity:			Weight:	
Route:P.O. = by mouth     I.M. = intermuscular     S.C. = sub-cutaneous     S.L. = sub-cutaneous       Time: PRN = as needed     B.I.D. = two times a day     T.I.D. = three times a day     Q.I.D. = sub-cutaneous       A.C. = before meals     P.C. = after meals     H.S. = hours of sleep (taken at bedtime)	Prescribing Physician:Rx: No Yes Number(s): Medications:Rx: No Yes Number(s): Date filled: Pate filled: Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S. Amount in bottle:Comments:	Prescribing Physician:Rx: No Yes Number(s):  Medications:Rx: No Yes Number(s):  Dosage:Date filled:  Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal  Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S.  Amount in bottle:Comments:	Prescribing Physician:Rx: No Yes Number(s): Medications:Rx: No Yes Number(s): Date filled: Posage:Date filled: Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S. Amount in bottle:Comments:	Dosage: Date filled: Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S. Amount in bottle: Comments: Prescribing Physician: Comments: Medications: Rx: No Yes Number(s):  Medications: Rx: No Yes Number(s):  Posage: Rx: No Yes Number(s):  Medications: Rx: No Yes Number(s):  Amount in bottle: Comments:	{ Physician:Rx: No Ye
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S.L. = sub-lingual-under-tongue Q.I.D. = four times a day_ bedtime)	S	S	\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}\sqit{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	S S S S S S S S S S S S S S S S S S S	S
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nitial	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.

