

# Routine Drug Administration Record

Name: \_\_\_\_\_ Campsite: RIVERSIDE  
 Troop No.: T-1705 Date of birth: \_\_\_\_\_ Classification: \_\_\_\_\_  
 Drug hypersensitivity: \_\_\_\_\_ Weight: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_  
 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: \_\_\_\_\_

Med Time	S	M	T	W	T	F	S

Prescribing Physician: \_\_\_\_\_  
 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: \_\_\_\_\_

Med Time	S	M	T	W	T	F	S

Prescribing Physician: \_\_\_\_\_  
 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: \_\_\_\_\_

Med Time	S	M	T	W	T	F	S

Prescribing Physician: \_\_\_\_\_  
 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: \_\_\_\_\_

Med Time	S	M	T	W	T	F	S

Prescribing Physician: \_\_\_\_\_  
 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: \_\_\_\_\_

Med Time	S	M	T	W	T	F	S

P.O. = by mouth      I.M. = intramuscular      S.C. = sub-cutaneous      S.L. = sub-lingual-under-tongue  
 PRN = as needed      B.I.D. = two times a day      T.I.D. = three times a day      Q.I.D. = four times a day  
 A.C. = before meals      P.C. = after meals      H.S. = hours of sleep (taken at bedtime)

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.

**Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal**  
**Times: PRN Daily BID TID QID AC PC HS**

**Route:**

P.O.: by mouth or orally  
I.M.: intramuscular (with respect to injections)  
S.C.: subcutaneous (with respect to injections)  
S.L.: ~~No clue, see below (SL)~~  
Topical: Applied to the skin.  
Inhalation: Breath in through the nose or mouth.  
Rectal: Obvious.  
S.L.: under the tongue

**Times:**

PRN: as needed  
Daily: once a day at the same time of day.  
BID: twice daily  
TID: three times a day  
QID: four times a day  
AC: before meals  
PC: after meals  
HS: at bedtime

