

# MISST 127 - 2024 Routine Drug Administration Record

Name: \_\_\_\_\_ Campsite: Mackinac Island Scout Service Camp. Training weekend  Island Program   
 Home Troop No.: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Classification: \_\_\_\_\_  
 Drug hypersensitivity: \_\_\_\_\_ Weight: \_\_\_\_\_

Prescribing Physician: _____ Medications: _____ Rx: <input type="checkbox"/> NO <input type="checkbox"/> YES Number(s) _____ Dosage _____ Date Filled: _____ Route: <input type="checkbox"/> PO <input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> SI <input type="checkbox"/> Topical <input type="checkbox"/> Inhalation <input type="checkbox"/> Rectial Times: <input type="checkbox"/> PRN <input type="checkbox"/> Daily <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> AC <input type="checkbox"/> PC <input type="checkbox"/> HS Amount in Bottle: _____ Comments: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">MED TIME</th> <th style="width: 10%;">S</th> <th style="width: 10%;">M</th> <th style="width: 10%;">T</th> <th style="width: 10%;">W</th> <th style="width: 10%;">TH</th> <th style="width: 10%;">F</th> <th style="width: 10%;">S</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	MED TIME	S	M	T	W	TH	F	S																								
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P.O. = by mouth I.M. = intermuscular 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 onesheet 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.