

MISST 127 - 2025 Routine Drug Administration Record

Name: _____

Campsite: Mackinac Island Scout Service Program

Training Weekend

Island Program

Home Troop No.: _____ Date of birth: _____ Classification: _____

Allergies: _____ Height: _____ Weight: _____

Prescribing Physician:	MED TIME	S	M	T	W	TH	F	S
Medications: _____ Rx: NO YES Number(s) _____ Dosage _____								
Date Filled: _____								
Route: PO IM SC SI <input type="checkbox"/> Topical <input type="checkbox"/> Inhalation Rectial PC								
Times: PRN Daily BID TID <input type="checkbox"/> QID AC <input type="checkbox"/> HS								
Amount in Bottle: _____ Comments: _____								
Prescribing Physician:	MED TIME	S	M	T	W	TH	F	S
Medications: _____ Rx: NO YES Number(s) _____ Dosage _____								
Date Filled: _____								
Route: PO IM SC SI <input type="checkbox"/> Topical <input type="checkbox"/> Inhalation Rectial PC								
Times: PRN Daily BID TID <input type="checkbox"/> QID AC <input type="checkbox"/> HS								
Amount in Bottle: _____ Comments: _____								
Prescribing Physician:	MED TIME	S	M	T	W	TH	F	S
Medications: _____ Rx: NO YES Number(s) _____ Dosage _____								
Date Filled: _____								
Route: PO IM SC SI <input type="checkbox"/> Topical <input type="checkbox"/> Inhalation Rectial PC								
Times: PRN Daily BID TID <input type="checkbox"/> QID AC <input type="checkbox"/> HS								
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Medications: _____ Rx: NO YES Number(s) _____ Dosage _____								
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Medications: _____ Rx: NO YES Number(s) _____ Dosage _____								
Date Filled: _____								
Route: PO IM SC SI <input type="checkbox"/> Topical <input type="checkbox"/> Inhalation Rectial PC								
Times: PRN Daily BID TID <input type="checkbox"/> QID AC <input type="checkbox"/> HS								
Amount in Bottle: _____ Comments: _____								

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 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.