Instructions: This sheet is for reproduction as needed. It will be three-hole punched and kept at the Health Lodge. Record individually each person's prescription medicine top be brought to camp with name of medicine, dosage, route and dosage times.

Camp Crooked Creek Prescription Medicine Log

(Please Print Legibly)

Scout(er) Name: _____

Campsite:_____ DOB:_____ Allergies:_____

Troop:

Medicine:_____

Dosage: _____

Route: P.O. (Oral)	Times:
I.M. (Intramuscular)	PRN (as needed)
S.C. (Subcutaneous)	Daily AM or PM
S.L. (Sublingual)	BID (2x daily)
Topical	TID (3x daily)
Inhalation	QID (4x daily)
Rectal	AC (before meal)
	PC (after meal)
	HS (evening)

Health Office Use Only

S	M	T	W	T	F	S

Medicine:_____

Dosage: _____

Route: P.O. (Oral)	Times:
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S.C. (Subcutaneous)	Daily AM or PM
S.L. (Sublingual)	BID (2x daily)
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