

# MEDICATION FORM

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## Routine Drug Administration Record

Name: \_\_\_\_\_ Troop No.: \_\_\_\_\_ Campsite: \_\_\_\_\_ Classification: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Drug hypersensitivity: \_\_\_\_\_

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 \_\_\_\_\_ Name \_\_\_\_\_ Position \_\_\_\_\_  
 Signature \_\_\_\_\_

**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.

I understand that participating in the climbing, rappelling and zip line, Rock Lobster, or the Cycling program at Camp Bob Hardin owned by the Palmetto Council, BSA, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is a not-for-profit organization:

## RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against Boy Scouts of America, Palmetto Council, BSA and Scouting’s chartered organization and any of their affiliates, agents, servants, employees, officers, directors and volunteers during use of the above listed programs.

\_\_\_\_\_ shall indemnify, hold free and harmless, assume liability for, and defend the Boy Scouts of America, Palmetto Council, or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors from any and all costs and expenses, including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums that the Boy Scouts of

America, Palmetto Council, or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors incur as a result of any demand for claim or assertion of liability under any municipal, state or federal law or cause of action, including any action under the Americans with Disabilities Act, arising or alleged to have arisen out of any act or omission of, or any use of real or personal property belonging to, the Boy Scouts of America, Palmetto Council, or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors.

_____	_____	_____
Scout Signature	Telephone Number	Date

**If signatory is less than 18 years of age, a parent or guardian must also sign this.**

_____	_____	_____
Parents Signature	Telephone Number	Date

**All persons participating in C.O.P.E., Rock Lobster, Cycling, or Climbing and Rappelling must bring THIS form to camp completed in order to participate in the programs.**