

NAME:
TROOP:
PATROL:
CAMPSITE:

	MEDICATION ADMINISTRATION RECORD		
	CAMP BELL / HIDDEN VALLEY	WEEK:	YEAR:

PRESCRIBED						
#	MEDICATION	DOSE	AM	N	PM	BT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

NURSE USE ONLY
ADMINISTERED

SUN	
PM	BT

MONDAY			
AM	N	PM	BT

TUESDAY			
AM	N	PM	BT

WEDNESDAY			
AM	N	PM	BT

THURSDAY			
AM	N	PM	BT

FRIDAY			
AM	N	PM	BT

NURSE'S NOTES:

It is the Scout's / Unit's responsibility to arrive for scheduled med calls. A Scout is trustworthy!
This form is to be presented with corresponding medication in their original pharmacy-labeled containers at check-in.