

# Prescription Medication Dosing Form

## Troop 662, GNYC



Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Camping Trip: \_\_\_\_\_ Campsite: \_\_\_\_\_

- Parents, please list each prescription medication the Scout is receiving in the first column.
- The unit health officer giving the medication should put their name or initials by the time at which the medication was given. If no medication is given, leave the space blank.

Medication Name and frequency of administration listed on the bottle		Medication given around Breakfast (7 - 8 AM)	Medication given around Lunch (12 - 1 PM)	Medication given around Supper (6 PM)	Medications given at bedtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

**NOTE:** If a Scout is receiving more than three medications, use an additional form.