

# Troop Medication Record Form

|   |    |      |    |     |  |             |            |             |            |                                 |            |             |             |             |            |             |              |             |            |             |            |             |            |             |     |     |   |     |     |   |     |  |
|---|----|------|----|-----|--|-------------|------------|-------------|------------|---------------------------------|------------|-------------|-------------|-------------|------------|-------------|--------------|-------------|------------|-------------|------------|-------------|------------|-------------|-----|-----|---|-----|-----|---|-----|--|
| <b>Scout Name:</b>                                |    |      |    |     | <b>Allergies:</b>                          |             |            |             |            | <b>Doctor Information: Name</b> |            |             |             |             |            |             |              |             |            |             |            |             |            |             |     |     |   |     |     |   |     |  |
| <b>Emergency Contact: Name</b>                    |    |      |    |     | <b>Phone Numbers</b>                       |             |            |             |            | <b>Phone No:</b>                |            |             |             |             |            |             |              |             |            |             |            |             |            |             |     |     |   |     |     |   |     |  |
|   |    |      |    |     | <b>Tel:</b>                                |             |            |             |            |                                 |            |             |             |             |            |             |              |             |            |             |            |             |            |             |     |     |   |     |     |   |     |  |
|   |    |      |    |     | <b>Cell:</b>                               |             |            |             |            |                                 |            |             |             |             |            |             |              |             |            |             |            |             |            |             |     |     |   |     |     |   |     |  |
| <b>Name of Medication</b>                         |    |      |    |     | <b>Day:</b>                                | <i>Fri</i>  | <i>Sat</i> |             | <i>Sun</i> |                                 | <i>Mon</i> |             | <i>Tues</i> |             | <i>Wed</i> |             | <i>Thurs</i> |             | <i>Fri</i> |             | <i>Sat</i> |             | <i>Sun</i> |             |     |     |   |     |     |   |     |  |
| <b>(Circle time when the medication is taken)</b> |    |      |    |     | <b>Date:</b>                               | <i>7/21</i> |            | <i>7/22</i> |            | <i>7/23</i>                     |            | <i>7/24</i> |             | <i>7/25</i> |            | <i>7/26</i> |              | <i>7/27</i> |            | <i>7/28</i> |            | <i>7/29</i> |            | <i>7/30</i> |     |     |   |     |     |   |     |  |
| <b>1</b>  |    |      |    |     | A  | P           | PRN        | A           | P          | PRN                             | A          | P           | PRN         | A           | P          | PRN         | A            | P           | PRN        | A           | P          | PRN         | A          | P           | PRN | A   | P | PRN | A   | P | PRN |  |
|   | AM | Noon | PM | Bed | PRN  | N           | B          | PRN         | N          | B                               | PRN        | N           | B           | PRN         | N          | B           | PRN          | N           | B          | PRN         | N          | B           | PRN        | N           | B   | PRN | N | B   | PRN |   |     |  |
| <b>2</b>  |    |      |    |     | A  | P           | PRN        | A           | P          | PRN                             | A          | P           | PRN         | A           | P          | PRN         | A            | P           | PRN        | A           | P          | PRN         | A          | P           | PRN | A   | P | PRN | A   | P | PRN |  |
|   | AM | Noon | PM | Bed | PRN  | N           | B          | PRN         | N          | B                               | PRN        | N           | B           | PRN         | N          | B           | PRN          | N           | B          | PRN         | N          | B           | PRN        | N           | B   | PRN | N | B   | PRN |   |     |  |
| <b>3</b>  |    |      |    |     | A  | P           | PRN        | A           | P          | PRN                             | A          | P           | PRN         | A           | P          | PRN         | A            | P           | PRN        | A           | P          | PRN         | A          | P           | PRN | A   | P | PRN | A   | P | PRN |  |
|   | AM | Noon | PM | Bed | PRN  | N           | B          | PRN         | N          | B                               | PRN        | N           | B           | PRN         | N          | B           | PRN          | N           | B          | PRN         | N          | B           | PRN        | N           | B   | PRN | N | B   | PRN |   |     |  |
| <b>4</b>  |    |      |    |     | A  | P           | PRN        | A           | P          | PRN                             | A          | P           | PRN         | A           | P          | PRN         | A            | P           | PRN        | A           | P          | PRN         | A          | P           | PRN | A   | P | PRN | A   | P | PRN |  |
|   | AM | Noon | PM | Bed | PRN  | N           | B          | PRN         | N          | B                               | PRN        | N           | B           | PRN         | N          | B           | PRN          | N           | B          | PRN         | N          | B           | PRN        | N           | B   | PRN | N | B   | PRN |   |     |  |
| <b>5</b>  |    |      |    |     | A  | P           | PRN        | A           | P          | PRN                             | A          | P           | PRN         | A           | P          | PRN         | A            | P           | PRN        | A           | P          | PRN         | A          | P           | PRN | A   | P | PRN | A   | P | PRN |  |
|   | AM | Noon | PM | Bed | PRN  | N           | B          | PRN         | N          | B                               | PRN        | N           | B           | PRN         | N          | B           | PRN          | N           | B          | PRN         | N          | B           | PRN        | N           | B   | PRN | N | B   | PRN |   |     |  |
| <b>6</b>  |    |      |    |     | A  | P           | PRN        | A           | P          | PRN                             | A          | P           | PRN         | A           | P          | PRN         | A            | P           | PRN        | A           | P          | PRN         | A          | P           | PRN | A   | P | PRN | A   | P | PRN |  |
|   | AM | Noon | PM | Bed | PRN  | N           | B          | PRN         | N          | B                               | PRN        | N           | B           | PRN         | N          | B           | PRN          | N           | B          | PRN         | N          | B           | PRN        | N           | B   | PRN | N | B   | PRN |   |     |  |
| <b>PARENTS PROVIDE ABOVE INFO.</b>                |    |      |    |     | <b>SHADED AREA ABOVE FOR CAMP USE ONLY</b> |             |            |             |            |                                 |            |             |             |             |            |             |              |             |            |             |            |             |            |             |     |     |   |     |     |   |     |  |

Comments: \_\_\_\_\_