

## Prescription Medication Dosing Form Gulf Stream Council – Boy Scouts of America

Scout Name: \_\_\_\_\_ Age: \_\_\_\_\_ Unit #: \_\_\_\_\_

Summer Camp Session/Date: \_\_\_\_\_ Campsite: \_\_\_\_\_

**Instructions:**

- Each participant taking medications should have a separate form.
- Ideally, the form should be completed by the adult in the unit who will administer the medication at camp (unit health officer).
- List each prescription medication the scout is receiving separately.
- 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 |
|--|-----------|--|---|---------------------------------------|------------------------------|
|  | Sunday    |  |   |                                       |                              |
|  | Monday    |  |   |                                       |                              |
|  | Tuesday   |  |   |                                       |                              |
|  | Wednesday |  |   |                                       |                              |
|  | Thursday  |  |   |                                       |                              |
|  | Friday    |  |   |                                       |                              |
|  | Saturday  |  |   |                                       |                              |
|  | Sunday    |  |   |                                       |                              |
|  | Monday    |  |   |                                       |                              |
|  | Tuesday   |  |   |                                       |                              |
|  | Wednesday |  |   |                                       |                              |
|  | Thursday  |  |   |                                       |                              |
|  | Friday    |  |   |                                       |                              |
|  | Saturday  |  |   |                                       |                              |
|  | Sunday    |  |   |                                       |                              |
|  | Monday    |  |   |                                       |                              |
|  | Tuesday   |  |   |                                       |                              |
|  | Wednesday |  |   |                                       |                              |
|  | Thursday  |  |   |                                       |                              |
|  | Friday    |  |   |                                       |                              |
|  | Saturday  |  |   |                                       |                              |

NOTE: If a scout is receiving more than three medications, use an additional form