

**Prescription Medication Dosing Form
Blue Ridge Mountains Council – Boy Scouts of America**

Name of Participant: _____ Age: _____ Unit Number: _____

Summer Camp Session/Date: _____ Campsite: _____

Instructions:

- Each participant taking medications should have a separate form
- Ideally, the form should be completed by the adult planning to administer the medication.
- 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