

**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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Medication given around Breakfast (7-8 AM)	Medication given around Lunch (12-1 PM)	Medication given around Supper (6 PM)	Medications given at bedtime	

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