Prescription Medication Dosing Form
Atlanta Area Council-Boy Scouts of America

Name of Scout: _____ Unit #: _____

Summer Camp Session/Date: _____ Campsite: _____

Instructions to Note:

- Each Scout that is taking prescription medications should have a separate form.
- The form should be completed by the adult giving the medication. In the unit area, this is the unit leader or the designated unit health officer.
- List each prescription medication the scout is receiving separately.
- The adult / Scouter giving the prescription medications should put their name or initials by the time at which the scout was given the medication. If no medication was given, leave the space blank.

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

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