

BORO BUILT WRESTLING CAMP MEDICATION TRACKER FORM

Camper's Name: _____ Date of Birth: _____

Allergies: _____

I give permission for a representative to give the following medicines to my child at camp.

Parent/Guardian Signature: _____ Date: _____

Medication Name: _____ Rx: Yes No
 Prescribing Physician: _____ Date Filled: _____
 Dosage: _____ Amount in Bottle: _____
 Routine: PO IM SC SL Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Comments: _____
 Special Instructions: _____

Med Time	S	M	T	W	R	F	S

Medication Name: _____ Rx: Yes No
 Prescribing Physician: _____ Date Filled: _____
 Dosage: _____ Amount in Bottle: _____
 Routine: PO IM SC SL Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Comments: _____
 Special Instructions: _____

Med Time	S	M	T	W	R	F	S

Medication Name: _____ Rx: Yes No
 Prescribing Physician: _____ Date Filled: _____
 Dosage: _____ Amount in Bottle: _____
 Routine: PO IM SC SL Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Comments: _____
 Special Instructions: _____

Med Time	S	M	T	W	R	F	S

Medication Name: _____ Rx: Yes No
 Prescribing Physician: _____ Date Filled: _____
 Dosage: _____ Amount in Bottle: _____
 Routine: PO IM SC SL Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Comments: _____
 Special Instructions: _____

Med Time	S	M	T	W	R	F	S

Medication Name: _____ Rx: Yes No
 Prescribing Physician: _____ Date Filled: _____
 Dosage: _____ Amount in Bottle: _____
 Routine: PO IM SC SL Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Comments: _____
 Special Instructions: _____

Med Time	S	M	T	W	R	F	S

PO=by mouth IM=intermuscular SC=sub-cutaneous SL=sub-lingual-under-tongue PRN=as needed
 BID=two times a day TID=three times a day QID=four times a day AC=before meals PC=after meals HS=at bedtime

Initial	Signature	Name	Position

Representative Instructions: Sheet is for reproduction as needed. It should be three-hole punched and kept in a binder during camp week. Use one sheet for each camper with a prescription. Record all medicines brought to camp (up to FIVE medications per sheet). The medication, dosage, and dosage schedule should be copied from the prescription. Record dispensing times and days in the blocks provided for each medication as they are dispensed. After camp, place sheet(s) inside the first aid log.