

Name: _____

Troop 172 Medication Administration

Please place this form and medications in a ziplock bag. All medications will be kept in the troop lock box (Scouts should keep inhalers / bee sting / Epi Pens etc. with them).

Medication	Quantity	When administered	Special instructions
		<input type="checkbox"/> AM <input type="checkbox"/> noon <input type="checkbox"/> PM <input type="checkbox"/> PRN	
		<input type="checkbox"/> AM <input type="checkbox"/> noon <input type="checkbox"/> PM <input type="checkbox"/> PRN	
		<input type="checkbox"/> AM <input type="checkbox"/> noon <input type="checkbox"/> PM <input type="checkbox"/> PRN	
		<input type="checkbox"/> AM <input type="checkbox"/> noon <input type="checkbox"/> PM <input type="checkbox"/> PRN	
		<input type="checkbox"/> AM <input type="checkbox"/> noon <input type="checkbox"/> PM <input type="checkbox"/> PRN	
		<input type="checkbox"/> AM <input type="checkbox"/> noon <input type="checkbox"/> PM <input type="checkbox"/> PRN	

Sample:

Medication	Quantity	When administered	Special instructions
Ritalin, 5mg	Half tab	<input checked="" type="checkbox"/> AM <input type="checkbox"/> noon <input type="checkbox"/> PM <input type="checkbox"/> PRN	With food