

MEDICATION FORM



M1

This form must be completed and signed by: 1. Parents/guardian of child AND 2. Lead First Aider on camp.

SECTION A: PARENT / GUARDIAN to complete

1. Name of Child:	2. Child's date of birth: ____ / ____ / ____
3. Name of Parent/Guardian filling out this form:	
4. NAME of medicine and REASON for administration:	

Please sign in **BOTH** (we do need 2) auto-injectors (ie EpiPen), named and in date **to LFA only**.

5. DOSE and FORM of medicine and full administration INSTRUCTIONS whilst on camp:	TIME(S) & DOSAGE ADMINISTERED BY LFA ON CAMP:
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ALL MEDICATION HANDED TO LEAD FIRST AIDER ONLY..

6. If medication is, for example, for an allergy (ie EpiPen) or asthma, please state **DATE** and **SEVERITY** of last attack.

Please state the when the above named child last had to use their EpiPen: Date: _____

NOTES:

1. Medication will never be given without prior written request of parent/carer, and each medication must have its own form.
2. New forms do not need to be completed every day as a completed M1 Form is valid for the season only (ie Easter, Summer, October). Parents/Guardians are responsible for collecting medication at the end of each day and handing back to Activ Camps if child returns to camp the same week/season.
3. A new form must be completed if any information on this form changes (ie. type of medication, dosage, etc.).
4. Where the administration of prescription medicine requires technical/medical knowledge, individual training will be provided for staff from the parent/carer and/or a qualified health practitioner. The training will be specific to the individual child.
5. Staff will not administer 'over the counter' medication, only that prescribed by the child's GP.
6. If, for any reason, a child refuses to take their medication, staff will not attempt to force them to do so. If and when such a situation occurs, the Site Manager and the child's parent/guardian will be notified, and the incident recorded.
7. Where children carry their own medication (asthma pumps or insulin for example), Activ Camps recommends that staff hold onto the medication until it is required. This is to minimise possible loss of medication and ensure the safety of other children. Inhalers must be labelled with the child's name and never locked away so always easily and quickly accessible.

Signature of Parent/Guardian:	Date: ____ / ____ / ____
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SECTION B: ACTIV CAMPS LEAD FIRST AIDER to complete...

1. Is the medication properly labelled? Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Is the name on the medication the same as that of the child stated above? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is the medication in date? Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Name of Lead First Aider: _____ Camp Venue: _____
<ul style="list-style-type: none">• A second member of staff must be witness to LFA administering this medication to the child.• All medication administered must be recorded above, or on Form M2 if medication is administered in a manner, either time or dose, contrary to the above information provided.	

Signature of Lead First Aider:	Date: ____ / ____ / ____
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