

# MEDICATION FORM



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

## ABOUT THE PERSON WITH MEDICATION

Full Name:		<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>	Male	<input checked="" type="checkbox"/>	Prefer not to say	
Age:	Group No:	DOB: ___ / ___ / ___	<input checked="" type="checkbox"/>	Child	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Other: _____

## ABOUT THE PARENT / CARER

Full Name:	Relation:
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## MEDICATION DETAILS

Name of Medication:	Form:	Time of Administration: ___ : ___
Reason for Medication:	Dose:	Administered by: Child or Staff
Instructions:		

## LAST KNOWN REACTION

Date : ___ / ___ / ___	Severity :	Medication Used	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
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## ACTIV CAMPS POLICY

I agree to all medication being kept in a secure, centralised first aid box, this ensures that if a reaction, attack or incident should occur whilst on camp the medication will be administered in good time, by a qualified first aider in the most efficient and reliable way.	<input checked="" type="checkbox"/>
<b>Asthma Inhalers:</b> I agree to my child's Reliever Inhaler travelling with my child's group, enabling instant access to this medication if required for, and capable of, self-administration. If my child is unable to self-administer, I agree to the inhalers to be kept in the centralised first aid box.	<input checked="" type="checkbox"/>
I have read and understood the Activ Camp policy on medication	<input checked="" type="checkbox"/>

## CHECK (for Activ Camps staff to complete)

Is the medication properly labelled?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Is the name on the medication the same as that of the child stated above?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Is the medication in date?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

## SIGNATURES

Signed (Parent / Guardian):	Date: ___ / ___ / 2021
Signed (Lead First Aider):	Date: ___ / ___ / 2021

## NOTES

- Medication will never be given without prior written request of parent/carer, and each medication must have its own form.
- New forms do not need to be completed every day as a completed form is valid for the season only (i.e. Easter, Summer, October). Parents/Guardians are responsible for collecting medication at the end of each day and handing back to Activ Camps if the child returns to camp the same week/season.
- A new form must be completed if any information on this form changes (ie. type of medication, dosage, etc.).
- 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.
- Staff will not administer 'over the counter' medication, only that prescribed by the child's GP.
- 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.