MEDICATION FORM



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

Age: Group No: DOB:// X Child X Staff X Other:	ABOUT THE PERSON WITH MEDICATION										
ABOUT THE PARENT / CARER Full Name: Relation: WEDICATION 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 X No X ACTIV CAMPS POLICY Iagree 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. Asthma Inhalers: 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. It have read and understood the Activ Camp policy on medication CHECK (for Activ Camps staff to complete) s the medication properly labelled? Yes X No X s the name on the medication the same as that of the child stated above? Yes X No X	Full Name:	me:		Female	Х	Male	Х	Prefer not to say			
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s the medication in date?	Is the medication in date?						S	X	No	X	
SIGNATURES											
Signed (Parent / Guardian): Date: / / 2021	Signed (Parent / Guardian):						D	Date: / / 2021			
Signed (Lead First Aider): Date: / / 2021	Signed (Lead First Aider):						D	Date: / / 2021			

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 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.
- 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.