

Managing Medications Form



SIF 20/10

Note:

Please read the guidance overleaf before completing this form.

It is the responsibility of parents/guardians to give full and accurate information on their child's medical condition and medication requirements. If unsure, parents/guardians should seek advice from their child's General Practitioner or Medical Consultant.

PART A: Child's Information

Child's Name: _____	Date of Birth: _____
Child's Address: _____	

PART B: Medication Information

Name of Medicine : _____	
Dosage to be taken: _____	
Frequency of Dosage: _____	Quantity Supplied: _____
Prescribing Doctor (name): _____	Telephone Number _____
Dispensing Pharmacy (name): _____	Telephone Number _____
Method of Administration (e.g. to be taken before, with, or after food): _____	
Other relevant Information: (e.g. does medication cause drowsiness, headaches, rash or other contra-indications) : _____	
Can your Child Self-Administer their medication (tick appropriate box)	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

PART C: Parent /Guardian Declaration

I confirm that I have read the guidance notes overleaf and that I have given full and accurate information on my child's medication on this form. I hereby request and authorise the Scouters named below to administer the medication outlined above to my child from _____ (insert date) until _____ (insert date). I understand that if my child refuses to take their medication that I will be contacted and informed.

Scouter 1: _____ Scouter 2: _____

Signature of Parent / Guardian: _____ Date: _____

Guidance Notes for Parents / Guardians

- I. Parents/guardians should complete this form if they are requesting that Scouters administer medication for their child during a scouting event.
- II. Agreement by Scout Leaders to administer medications to youth members will depend mainly on the information provided to them by parents/guardians, but it will also depend on their comfort level with taking on such a role.

It is important therefore that parents/guardians give full and accurate information on their child's medical condition and medication requirements.

Scouters have the right to decline a request to administer medication without explanation.

- III. If unsure as to any aspect of their child's medical condition or medication parents/guardians should seek advice from their child's General Practitioner or Medical Consultant **before** completing this form.
- IV. All medicines should be provided in the original container as dispensed by a pharmacy and should include the child's name, instructions for prescription, and the expiry date.
- V. For Health & Safety reasons parents/guardians should inform Scouters of and give full details on any medicines that their child brings with them to a scout event, even if they do not request that Scouters administer the medication.
- VI. If a child refuses to take their medication their parent/guardian will be contacted, informed, and required to make a decision as to what course of action is to be taken.
- VII. Completed forms will be retained by the Scouter-in-Charge.
- VIII. A separate Managing Medications form should be completed for every scout event where medication is to be administered – i.e. A Managing Medications form is valid only for the duration of the event for which it is completed.