MEDICATION ADMINISTERED TO YOUTH MEMBERS FORM ADM.53a



- 1. This form must be completed by the Leader-in-Charge/First Aider when a Care/Management Plan has been attached to a Youth Member's ADM.27 by the parent/guardian.
- 2. All medications provided by the parent/guardian must be in the original packaging, clearly labelled with the Youth Member's name and dosage instructions.
- 3. The LiC should retain this record with all the records for the camp/event and provide the parent/guardian a copy at the end of the camp/event for their records.

Medication Column: Write in all medications (including those taken only as needed), dosage and times when medications are to be administered. This includes all prescription or over-the-counter medications.

When Administering Medication: Write the date of the activity/event across the top of the table; when medication is administered, record the time it was given in the appropriate column; medication administration is to be sighted by a second person; both the person giving the medication and the second person must initial to indicate the medication was given as required. Where more space is needed please complete a second form.

1 PARTICIPANT'S DETAILS				
Participant's Name	DOB	Membership No.		
ALDICATION DETAILS				

2 MEDICATION DETAILS															
Medication (name, dosage & instructions)	Scheduled times to be taken	Date													
		Time	Initials												

3 LODGEMENT DETAILS						
Name of First Aider	Signature	Date				
Location/dates of event:						

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2 MEDICATION DETAILS															
Medication (name, dosage & instructions)	Scheduled times to be taken	Date		Date											
		Time	Initials	Time	Initials										
															+
														 	+
														-	
															1
															+

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