

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.

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