ADM.53a

GIRL GUIDES AUSTRALIA

Participant's Name: _____

1. The information on this form may be used by GGA representatives or medical personnel to administer or authorise appropriate health care or medical attention for the participant, if needed.
2. **PARENTS/CAREGIVERS:** All medications should be placed in a resealable bag (ie snap-lock) with the participant's name on the outside of the bag. Medications must be in original packaging, clearly labelled with the participant's name and dosage instructions. Medications are to be given to the first aider or designated adult upon arrival at the activity, unless self-medication has previously been arranged.

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. Medication administration is to be sighted by a second person.

Date Box – Write in the date of the activity/event across the top. When medication is taken, put the time it was taken and your initials in the appropriate column.

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

Name of First Aider: _____ Signature: _____

Location/dates of event: _____

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form.