



# RN Sea Scouts Administration of Medication Agreement Form



The RN Sea Scout Scheme will not give your child medicine unless you complete and sign this form.

|  |  |
|--|--|
| Full Name of child   |  |
| Date of Birth  |  |
| Scout Group  |  |
| Date medicine provided by parent/carer (first day of camp) |  |
| Medical condition or illness (reason for medication)       |  |

## Medicine

| Name of medicine | Is it pre-scribed? | Dosage per administration | Time to be given | Number of tablets in box or liquid in bottle | I have provided the original packaging with a prescription label and information leaflet. |
|------------------|--------------------|---------------------------|------------------|--|---|
|                  |                    |                           |                  |  |   |
|                  |                    |                           |                  |  |   |
|                  |                    |                           |                  |  |   |
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|                  |                    |                           |                  |  |   |
|                  |                    |                           |                  |  |   |
|                  |                    |                           |                  |  |   |

## Contact details

|  |  |
|--|--|
| Name   |  |
| Daytime telephone number   |  |
| Relationship to child  |  |
| I understand that I must legally provide the medication in the original packaging with clear named and addressed labels that also show doses and provide the relevant information leaflet. All Medicine is place in a CLEARLY named bag or box with this signed form enclosed. |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the RN Sea Scout Team and their volunteers to administer the medication listed above.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

