Pathfinder/Adventurer Medication Permission Form

In the interest of pathfinder safety and wellbeing, the _____ Pathfinder/Adventurer Club will only administer medication if it is in its original container with the dispensing label attached, The label should list the child as the prescribed person, the strength of drug and the frequency it is to be given.

Only a Parent / Guardian or Authorised Nominee as named in the Child's registration record is authorised to consent to the administration of medication to the child can complete this permission form.

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

Medical Practitioner/Pharmacist etc.:

_____

Medication Information:

Name of Medication: _____

Date Prescribed: _____ Expiry Date of Medication: _____

Reason for Medication: _____

Storage Requirements: _____

Time and date of Last Administration:

Date	Time	Dosage Amount Administered

I request that the above medications be administered in accordance with the instruction below or the circumstances under which, the medication should next be administered:

Date or Circumstances	Required time of Administration	Dosage amount required to be administered

Instructions for the manner in which the medication is to be administered: e.g. route (oral, inhaler), dose (e.g. thin layer, no. of drops/mls/tablets), before or after food: _____

_____

Parent / Guardian / Authorised Nominee Full Name _____

Date: ___/___/____ Signature _____

Staff to complete on administration of medication on following page (form is to be printed back to back or stapled together.

Second page of Medication Permission Form for (Child's Full Name): _____

Staff to complete on administration of medication:

Date	Dosage Administered	Time to be Administered	Time actually Administered	Manner in which medication was administered (e.g. oral liquid, thin layer cream, inhaler).	Name of staff administering medication	Signature of staff administering medication	Name of staff who cross-checked dosage and administration of medication	Signature of staff who cross-checked dosage and administration of medication	Comments