

**Request for Medication Form for Activities****Private and confidential**

NB Please double check all the information on this form, before signing

**Name of Scout:****Date of Birth:****Activity Name & Date of Activity:**

<b>Section 1</b>	<b>Leader in Charge</b>
Name of Leader:	
Group:	3 <sup>rd</sup> Kildare (1 <sup>st</sup> Celbridge)
Section:	

<b>Section 2</b>	<b>Parent/Guardian details</b>		
Name of Parent(s) or Guardian (s)			
Tel (Mobile)	Tel (Home)	Tel (Work)	
Email			
Address:			

<b>Section 3</b>	<b>Medication Request</b>
Name of Medication	
Type of Medication (e.g. syrup/tablet)	
How is the medication administered? (e.g. oral/injection)	
What is the required dosage?	
Are there any pre-administration requirements (e.g. to be taken with or after food)?	
Are there any known side-effects?	
What might constitute an emergency in relation to the medication?	
What action is to be taken in an emergency?	
Who is to be contacted in the event of an emergency?	
Is the youth member self-medicating?	
If yes – how much medication will they have with them?	
If no – is there a specific time of day the medication should be given?	

**Section 4****Checklist (to be completed by Leader-in-Charge)**

- Medication must be in the original container as dispensed by the pharmacy
- Instructions for prescription are included
- Container must have*
- The name of the child.
  - The name of the medicine.
  - The dosage to be taken.
  - The method of administration.
  - The frequency of administration.
  - Potential side effects (e.g. drowsiness, rash, headaches).
  - The expiry date.

**Section 5****Any Additional Details**

Please enter any additional details which you consider to be relevant

**Section 6****Parent(s) / Guardian(s) Signature**

I confirm that I have read and understood the Medication Policy of the 3<sup>rd</sup> Kildare (1<sup>st</sup> Celbridge) Scout Group and request that Medication be administered to my child as described in this document.

Signed:

Date: