

Scouts

7th Darlington
Sea Scouts



EXPLORERS

Eastbourne Sea

Medication Sheet

G.D.P.R. Storing Your Information safely. As from May 2018 the General Data Protection Regulations require us to inform you that we securely store this information in a locked case whilst on camp or on activities. This paper copy is then securely destroyed (burnt or shredded) 5 years after the camp/event. It is stored in a locked filing cabinet when we return from camp/event

THIS FORM MUST BE COMPLETED WHENEVER MEDICATION IS GIVEN TO THE EVENT LEADER FROM A PARENT OR CARER. IF EMERGENCY FIRST AID TREATMENT IS GIVEN A FORM MUST BE COMPLETED

ALL MEDICATION MUST HAVE OWN FORM

PRIVATE & CONFIDENTIAL ONCE COMPLETE

| Name of Child | | Medication | | |
|---------------|------|-------------|------------|--------|
| Date of Birth | | Dosage | | |
| Special Notes | | Expiry Date | | |
| DATE | TIME | DOSAGE | PRINT NAME | SIGNED |
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HOW TO USE THIS FORM

- ONE FORM PER CHILD, PER MEDICATION
- FORM TO BE SIGNED BY PARENT & LEADER AT BEGINNING OF EVENT TO CONFIRM THE UNDERSTANDING OF THE DOSAGE/REQUIREMENTS
- THIS FORM MUST BE COMPLETED WHENEVER MEDICATION IS GIVEN TO THE NAMED CHILD
- A BLANK FORM WILL BE USED IF FIRST AID IS GIVEN

SIGNED PARENT

DATE

SIGNED LEADER

DATE