|  |  |  |
| --- | --- | --- |
| tarcza Hufca | **Związek Harcerstwa Polskiego Okręg w Wielkiej Brytanii**  **Polish Scouting Association UK Region**  ***Nazwa Hufca*** | C:\Users\Anna\Desktop\ANNA\lilijk wzory\Krzyz_Harcerski_Oficjalny.jpg |

**PARENTAL/LEGAL GUARDIAN CONSENT FOR THE ADMINISTRATION OF ADDITIONAL MEDICATION NOT IDENTIFIED ON HEALTH CARD**

This form is required when a Parent or Legal Guardian requests that medication not previously identified on the Participants Health Card is administered during an overnight camp. All information must be printed legibly.

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Participant requiring additional Medication Administration** | | | |
| **Full Name** |  | **Age** |  |
| **Name of Unit**  **Nazwa jednostki** |  | **Camp dates** |  |

In addition to the previously agreed list of ‘over the counter’ and other medication identified on my child’s Health Card, I give consent to the following additional medication to be given to my child:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication name** |  | | | |
| **Medication dosage**  (e.g. 1 tablet; 5mls) |  | | | |
|  |  | | | |
| **Frequency to be administered**  Please tick when to be administered | **Morning** | **Noon** | **Evening** | **Night** |
|  |  |  |  |
| **Reason medication is required** |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication name** |  | | | |
| **Medication dosage**  (e.g. 1 tablet; 5mls) |  | | | |
|  |  | | | |
| **Frequency to be administered**  Please tick when to be administered | **Morning** | **Noon** | **Evening** | **Night** |
|  |  |  |  |
| **Reason medication is required** |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication name** |  | | | |
| **Medication dosage**  (e.g. 1 tablet; 5mls) |  | | | |
|  |  | | | |
| **Frequency to be administered**  Please tick when to be administered | **Morning** | **Noon** | **Evening** | **Night** |
|  |  |  |  |
| **Reason medication is required** |  | | | |

**Parent’s/Legal Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**

**Accepted by Camp First Aider – signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**

The information from this form has to be added to the Medication Administration Chart in the First Aid Log Book (sect 7)