|  |  |  |
| --- | --- | --- |
| 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)