

# Rangers Inc.

This form is to be submitted to the Senior Group Leader prior to camp.

Medication must be given to your leader at the beginning of camp in a ziplock bag, clearly labelled with child's name, name of medication and instructions.

## Event: Australian Camporama 2015

Location: The Tops Conference Centre. Stanwell Park. NSW.

### MEDICATION MANAGEMENT FORM

(To be completed by parent or guardian)

Medical Condition (e.g. Asthma, Diabetes, Epilepsy, Current Illness)

\_\_\_\_\_

Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Contact Details: \_\_\_\_\_ h) \_\_\_\_\_ w) \_\_\_\_\_ m)

Name of Treating Doctor: \_\_\_\_\_ ph) \_\_\_\_\_

- What Medication does your child take?

#### A) Regularly

Name of Medication	Dose	Frequency / day
1.		
2.		
3.		

#### B) For Treatment of an Attack / Episode

Name of Medication	Dose	Frequency / day
1.		
2.		
3.		

- Is your child's medical condition triggered by any particular factors? Please list.

\_\_\_\_\_

- What symptoms does your child experience during an attack?

\_\_\_\_\_

- Does your child have a management plan? Yes No

Please attach an up to date copy if your child has a plan

Parent to sign \_\_\_\_\_

Name of Parent \_\_\_\_\_ Dated \_\_\_\_\_