

MEDICATION DISPENSING FORM

Please complete this form and send it together with any medicine to ensure that we administer it correctly. All medication **MUST** be clearly marked with your child's name and enclosed in ziplock bags. Please separate section A and B and place each half in the corresponding bag with the meds.

Section A is for medication that has to be administered on a daily basis

Section B is for emergency medication that is necessary to treat an allergic reaction or similar

A: DAILY MEDICATION

Childs' name: _____ **Age:** _____

This section is to be completed for all routine medicines/ vitamins that have to be taken on a daily basis. These meds are kept in the health centre and administered by the first aid manager after meals. Please pack all daily meds together in a sealed Ziplock bag with the heading **"DAILY MEDS"** in addition to your **child's name**.

FOR COMPLETION BY PARENTS							FOR OFFICE USE.			
Name of medicine	ailment	identification of container & units	how many units enclosed	dosages			notes	units administered	Units to return	notes
				Break-fast	Lunch	Dinner				
<i>example: concerta</i>	<i>ADHD</i>	<i>pink box of small white pills</i>	<i>21 tablets</i>	<i>2 tabs</i>	<i>0</i>	<i>1 tab</i>	<i>to be taken after a meal with water</i>			

Please cut here: ✂.....

B: ALLERGY/ ASTHMA/ EMERGENCY MEDICATION

Childs' name: _____ **Age:** _____

For medication needed to treat your child in the event of an allergic reaction/ asthma attack or similar

Two separate containers of every emergency medication must be sent to camp. One will be kept in the health centre, the other in your child's day bag for emergency use.

Please pack each container (or set of containers for multiple meds) in separate ziplock bags. Please pack this form in one bag marked "Emergency Meds: Health centre" with your child's name. Please mark the other bag as "Emergency meds:Day Bag" with your child's name. Your child will be given a wrist band to wear to notify staff to check that he is carrying his emergency meds in his day bag.

FOR COMPLETION BY PARENTS						FOR OFFICE USE.		
type of allergy	Name of medicine	number of containers (min 2)	identification of container and no. units in each	Rate *	Dosage directions/ notes on further treatment	units administered	Units to return	notes
<i>eg: mild asthma brought on by stress or dust</i>	<i>venteze pump</i>	<i>2 pumps</i>	<i>white and blue spray bottle each containing a min of 20 sprays</i>	<i>2</i>	<i>One spray in each nostril if child starts to wheeze. Repeat as often as necessary but not more than 3 per day.</i>			

* **Rate:** Please rate the seriousness of the allergy where 1 = mild reaction, speed is not of the essence. 10 = life threatening allergy, where speed and treatment are crucial and medical care should be on standby