

1st Stoke Climsland Scout Group

Medical Form

Please complete all sections in Green - Place inside a ziplock bag with medication and hand to a leader at drop off.

Name of Young Person		DOB	
Parents Name		Signature	
Relationship to Young		Date	
Section	Beavers/Cubs/Scouts/Explorers		

Prescribed Medication Name, Purpose, Dosage and Frequency	
Prescribed Medication Name, Purpose, Dosage and Frequency	
Prescribed Medication Name, Purpose, Dosage and Frequency	
Other Non Prescribed Medication and purpose IE Antihistamine/Pain relief	

Leaders Initials		Date/Time	
Medication		Dosage	
Leaders Initials		Date/Time	
Medication		Dosage	
Leaders Initials		Date/Time	
Medication		Dosage	
Leaders Initials		Date/Time	
Medication		Dosage	
Leaders Initials		Date/Time	
Medication		Dosage	
Leaders Initials		Date/Time	
Medication		Dosage	
Leaders Initials		Date/Time	
Medication		Dosage	
Leaders Initials		Date/Time	
Medication		Dosage	

Medication to be administered and observed by two section leaders and recorded above. If additional space is required use an additional sheet.