



# Medication Form

- Complete at registration in BLOCK CAPITALS
- Medication cannot be administered without parent/guardian permission
- All medication to be clearly labelled with the name of the child, type of medication, date of expiry and in a suitable storage container or cool bag
- Auto-injectors or needles - training must be given by the parent to First Aider

Venue	Child's Name	Child's Age
-------	--------------	-------------

Type of medication	Dose & Frequency	Notes

I give permission for Kings Camps staff to administer the above medication in my absence:

Signed (Parent)	Name	Date
-----------------	------	------

## Medication Administration Record

To be completed during the day by Kings Camps First Aid contracted staff member(s)

Date	Time	Dose	Administered by



# Auto-injector Agreement

- Complete at registration in BLOCK CAPITALS
- This agreement is between Kings Camps and the child's parent/guardian
- Auto-injectors or needles - instruction must be given by the parent to First Aider

Venue	Child's Name	Child's Age
Allergy	Signs/Symptoms	

## Emergency Contact Information

<b>Name (primary contact)</b>	
<b>Contact Number</b>	
<b>Name (secondary contact)</b>	
<b>Contact Number</b>	

## Parent/Guardian Responsibilities

- Parent/guardian must give Kings Camps staff suitable and in-date medication/auto-injector and collect it at the end of each day
- Regularly remind your child to refuse any food/drink items offered to them by others
- Provide your child with adequate food/drink to consume during their attendance
- Transfer medical information to the staff caring for their child (causes, how to spot symptoms, how to administer medication)

## Kings Camps Responsibilities

- First Aid contracted staff trained to use an auto-injector prior to camp starting
- Staff briefed about child's condition as detailed in this contract
- Staff to take reasonable steps to ensure children do not eat food items from others
- Staff will ensure the child's medication is with them throughout the day and will pass it to other staff should the child change group
- First Aider/Manager briefed to identify symptoms related to an allergy or reaction and have the knowledge to administer appropriate medication
- In the event of a severe reaction, the child's condition will be reported to the First Aider/Manager who will contact the emergency services and parent/guardian as appropriate
- Known information about child's medical history passed to emergency services if required

Signed (Parent)	Name	Date
-----------------	------	------