



Y10 Parent/Guardian Medication Agreement

One medicine per form

Event/Camp name:		Dates:	
Group/Unit:		Medication Leader:	
Child name:		Date of birth:	

Known conditions

☐ Asthma ☐ Allergy/Anaphylaxis ☐ Diabetes ☐ Epilepsy/Seizures ☐ Other: _____

All relevant Action Plans MUST be uploaded to your child's Operoo profile prior to the event

Medicine details

Medicine name & strength (as on label):	
Form/route (e.g. tablet, liquid, inhaler, autoinjector):	
Dose:	
Timing/frequency (e.g. breakfast/lunch/dinner/bedtime):	
Indication (why):	
Special instructions (with food, spacer, device technique):	
Storage needs (room temp / 2–8 °C / keep cool <25–30 °C / protect from light):	

Supply & verification (completed at hand-over)

Quantity provided on arrival		Expiry date	
Packaging	<input type="checkbox"/> Original pharmacy label in child's name <input type="checkbox"/> Webster/dose admin aid <input type="checkbox"/> Original retail pack	Checked by (Medication Leader)	
Parent/Guardian hand-over signature		Date/Time	

Authority and Consent

I authorise Scouts SA volunteer leaders to assist my child to take their own medicine as per this Agreement and any Action Plan(s) supplied in the Operoo platform. I confirm the medicine is prescribed/approved for my child and appropriately labelled/packaged and I have explained any special instructions. I consent to emergency treatment (including the use of general-use adrenaline autoinjector/salbutamol), and for leaders to contact emergency services and me/our emergency contact.

Parent/Guardian name:		Signature:	
Date:		Contact number during camp:	

Privacy notice

Scouts SA collects this health information to manage medication safely during the event, share it with leaders and first aiders on a need-to-know basis, and with emergency services if required. Records are stored securely and retained per Scouts SA retention schedule.



Medication Administration Log

Child Name: _____

Administration entries

Date	Time due	Time given	Medicine	Dose	Given by (name/sign)	Initial 2 nd adult check	Child response/notes	Variance/incident?*	Running balance†

*Variance examples: late dose, refused dose, vomited, missed, wrong dose/time, side-effect, device failure. Document in next section.

†Running balance required for S8/S4D (recommended for other higher-risk medicines).

Medication error/incident record (complete if any variance)

Date/Time:	
What happened:	
Immediate action/first aid:	
Parent notified (time):	
000/medical advice sought (details):	
Follow-up/monitoring required:	

Return and Reconciliation (end of camp)

Date/Time out	Medicine	Qty returned	Parent/Guardian signature	Leader signature