

## **ANAPHYLACTIC REACTIONS CONSENT FORM**

For the administration of medicine/treatment as discussed with the child's parent or guardian.

Childs Name					
Has the child's details changed since the original Camp Wilderness booking? Yes No (E.g. new address, new doctor new contact details)					
New Details ;					
Information about the child's allergy and reactions.					
The child has been identified as having a severe reaction to;					
Signs and symptoms of the above child's reactions are;					
About the Medication that may be required or administered.					
Name/Type of Medication					
Dose/Amount					
Frequency /Times					
Specific Instructions ;					
In the case of a reaction, Camp Wilderness staff will follow the instructions as provided by the parent/guardian in treating the child.					
In the case of a severe reaction Camp Wilderness staff will adhere to the to the accident procedure found in the Policies and Procedures Document.					
I the Parent/ Guardian have provided the Camp Wilderness staff with all of the necessary information required by them to deal with my child's condition, the symptoms and the actions required in the event of my child suffering an allergic reaction. It is my responsibility to provide and maintain the appropriate and up to date medication/treatment for my child.					
I confirm that the above information is correct and give permission for Camp Wilderness staff to administer the medication in the manner stated above.  Signed Parent/ Guardian					
Print NameDate					
To be completed by Camp Wilderness Staff if treatment is administered.					
Treatment Administered by ;					
Signed Parent/ GuardianNameName					



## **ADMINISTRATION OF MEDICINE CONSENT FORM**

Camp Wilderness staff will only administer medication that has been prescribed to a child by a doctor, dentist, nurse or pharmacist. The medication must be supplied in the **original packaging with the named prescription label as provided by the pharmacy**.

Child's full name					
Date of birth					
Date medicine provided by parent/carer					
Reason for medication medical Condition or illness					
Does your child have any allergies?	Yes / No If Yes, please list				
Name of Medication					
Dosage and route of administration i.e. tablets, inhaler etc.					
Times to be given or specific circumstances in which it should be administered please provide as much detail as possible incl. end date of course if prescription ends during camp					
Any special instructions for administering					
How does the medication need to be stored? e.g. on the child, in the fridge etc.					
Are there any possible side effects to be aware of?					
I confirm that the above information is correct and give permission for Camp Wilderness staff to administer the medication in the manner stated above.					
Name					
Relationship to child					
Signed					
Date					



## To be completed by Camp Wilderness Staff

Who will be responsible for administration of medication?	
Where is the medication stored on site?	

Follow the below guidance and complete the checklist before any medication is administered. If you are unable to confirm an action, please call your Estate / Centre Manager / Head of Centre before administering.

- Ensure a second member of staff is present as a witness throughout this process.
- Ask the group leader to collect the child and to confirm their name.
- Ask the child to confirm their full name and date of birth (ask them to tell you, not confirm the what you say)
- Confirm with witness:
  - Name and date of birth on the prescription sticker matches information on the front of this form and given by child
  - o Name of medication being given matches 'Name of medication' on the front of this form
  - o Dosage prepared matches 'Dosage to be administered' on the front of this form
  - o Timing of administration matches 'Times to be given' on the front of this form

Administration of medication record  By signing below, Camp Wilderness staff confirm the above checklist has been completed.								
Date	Time	Administered by (print and sign)	Witnessed by (print and sign)	Parent/ Guardian (Print and sign)				