



ANAPHYLACTIC REACTIONS CONSENT FORM

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

Childs Name.....Date of Birth

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 ;

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.....
.....

Information about the child's allergy and reactions.

The child has been identified as having a severe reaction to;

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.....
.....

Signs and symptoms of the above child's reactions are;

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.....
.....

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 Name.....**Date**

To be completed by Camp Wilderness Staff if treatment is administered.

Treatment Administered by ; Signed.....

Time Date..... Head Office Notified Yes No

Signed Parent/ GuardianName.....



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 <i>medical Condition or illness</i>		
Does your child have any allergies?	Yes / No	<i>If Yes, please list</i>

Name of Medication	
Dosage and route of administration <i>i.e. tablets, inhaler etc.</i>	
Times to be given or specific circumstances in which it should be administered <i>please provide as much detail as possible incl. end date of course if prescription ends during camp</i>	
Any special instructions for administering	
How does the medication need to be stored? <i>e.g. on the child, in the fridge etc.</i>	
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	

