

ANAPHYLACTIC REACTIONS CONSENT FORM

This form must be completed for any child attending a Camp Wilderness course who suffers from a severe allergy resulting in anaphylaxis. Please note, **TWO Adrenaline Auto-Injectors (e.g. EpiPens) must be provided for the child**, these must be in-date and prescribed to the child.

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 on this form in treating the child.
In the case of a severe reaction, Camp Wilderness staff will adhere to the site specific emergency procedures.

I, the Parent/ Guardian, have provided Camp Wilderness 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. I understand it is my responsibility to provide and maintain the appropriate and up to date medication/treatment information 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 directly recorded on this form. Prescription medication must be prescribed to a child by a doctor, dentist, nurse or pharmacist and be supplied in the **original packaging with the named prescription label as provided by the pharmacy**.

Any non-prescription medications must be included on this form and be supplied in the **original packaging**. Where non-prescription medication is to be administered on an ad hoc basis, a member of staff will contact you prior to administering.

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	

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.

- **Non-prescription medications** – the participant's parent must be informed that the medication is being administered prior to administering, unless specific times for doses is given.
- 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 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
 - Name of medication being given matches 'Name of medication' on the front of this form
 - Dosage prepared matches 'Dosage to be administered' on the front of this form
 - Timing or reason 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	Name of medication given	Administered by (print and sign)	Witnessed by (print and sign)

Parent / Guardian Name and Signature upon collection	
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