



## PERSONAL MEDICATION RECORD – 5 Day

<b>Name:</b>	Sam Scout				<b>Date of Birth:</b>	01 / 08 / 2010					
<b>Scout Rego No:</b>	8007000				<b>Unit:</b>	105					
Medication (Name, Dose and Instructions)	Scheduled times to be taken	Mon. 25 / 09		Tues. 26 / 09		Wed. __ / __		Thurs. __ / __		Fri. __ / __	
		Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials
Medication (Print Name & Strength)  NITROFURANTOIN, 50 mg Capsule											
DOSE                      Frequency 1 Capsule              At night											
Additional Information  Take with milk or food	8 P.M	8.10 PM	JL								
Medication (Print Name & Strength)  MELATONIN LIQUID, 1 mg/ml											
DOSE                      Frequency 3 mls                      At night											
Additional Information Take 30 minutes before bed. Avoid bright lights and stimulation before bed	8 P.M	8.10 PM	JL								
Medication (Print Name & Strength)  SERETIDE INHALER	8 A.M										
DOSE                      Frequency 2 Puffs                      Twice Daily											
Additional Information With Spacer	8 P.M	8.10 PM	JL								

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		Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials
Medication (Print Name & Strength)  FLUCLOXACILLIN, 250 mg Capsule	0700										
DOSE                      Frequency 1 Capsule                      4 Times a day	1130										
Additional Information 30 minutes before meals	1730	5.30 PM	DB								
	2000	8.10 PM	JL								
Medication (Print Name & Strength)  PARACETAMOL, 48 mg/ml				0200	KT						
DOSE                      Frequency 10 mls                      4 Hourly as required											
Additional Information For abdominal pain associated with illness, 'gastric upset', food intolerance AND/OR headache associated with illness, lack of food/water/sleep.		2.15 PM	TH								

**\*NOTE: Medications must also be correctly recorded in OPEROO\***

### PARENTS/CAREGIVERS:

It is the responsibility of the family to ensure that all medications are in date, and in an original pharmacy container.

- Prescription medication must have a pharmacy label that includes the youth member's correct name, dose and administration instructions attached, or be in a Webster-pak<sup>®</sup> or similar.
- Over the counter or complimentary medications must also be in the original packaging with the manufacturer's original instructions. Instructions must be in English so that all members of the care teams can understand them.
- List the names of all the medications on this record, include the dose and frequency information and the scheduled times to be given.
- Families should pack the participant's medication packets/bottles together in a zip lock bag or similar with this correctly filled out Medication Record. Label the bag with the participant's name and Unit number on the outside.
- DO NOT leave medications in luggage/backpack. Parents/caregivers are responsible for handing all medications directly to the Unit First Aider /Adult Leader prior to the start of an event.

### ADULT LEADERS:

Adult Leaders/First Aiders are authorised to assist with a youth member's medication which has been correctly supplied, labelled and **documented (authorised) in Operoo.**

- Check the medication with another adult/responsible person every time it is given.
- Document the time it was given on this Medication Record and initial it.
- Keep a copy of this record with your First Aid Records – in accordance with Health Record retention requirements.