

PERSONAL MEDICATION RECORD – 5 Day

| Name: | | | | | | | | | irth: | | | | |
|---|-----------|-----------------------------------|------|----------|-------|----------|------|----------|--------|----------|------|----------|--|
| Scout Rego No: | | | | | | | | ι | Jnit: | | | | |
| Medication (Name, Dose and Instructions) | | Scheduled times to be taken | Mon/ | | Tues/ | | W | ed / | Thurs. | Thurs/ | | Fri/ | |
| | | | Time | Initials | Time | Initials | Time | Initials | Time | Initials | Time | Initials | |
| Medication (Print Name & Strength) | | | | | | | | | | | | | |
| DOSE Freq | uency | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | |
| Medication (Print Name & | Strength) | | | | | | | | | | | | |
| DOSE Freq | uency | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | |
| Medication (Print Name & | Strength) | | | | | | | | | | | | |
| DOSE Freq | uency | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | |
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PERSONAL MEDICATION RECORD – 5 Day

| Name: | | | | | | | Date of Birth: | | | | | |
|------------------------------------|---------------|------|----------|------|----------|------|----------------|------|----------|------|----------|--|
| Scout Rego No: | | | | | | | U | nit: | | | | |
| Medication | Scheduled | Mon. | Mon/ | | Tues/ | | Wed / | | Thurs/ | | | |
| (Name, Dose and Inst | ■ times to be | Time | Initials | Time | Initials | Time | Initials | Time | Initials | Time | Initials | |
| Medication (Print Name & Strength) | | | | | | | | | | | | |
| DOSE Frequency | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medication (Print Name & Strength) | | | | | | | | | | | | |
| DOSE Frequency | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | |
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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 ® 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.