MEMBER MEDICATION FORM INSTRUCTIONS

For Scouting Activities

Please complete the attached Member Medication Form **each time medication is sent to a Scouting activity** and provide it **together with the medications**. Use this optional checklist to make sure you have provided all the correct information.

The Member Medication Form is used to record medication use or assistance during the activity and will be **returned to you at the end of the activity**. It does **not** replace the ScoutHealth medication record.

✅ Family Responsibilities

☐ I have provided **accurate, complete, and up-to-date medication information** in **both:**

- ☐ The **ScoutHealth Record**, and
- ☐ This **activity-specific Medication Use Form**

☐ I have supplied **all medications** my child may need during the activity

I have **listed all the medications** that my child is bringing on this activity, including:

- ☐ Prescription Medications
- ☐ Over the counter medications (non-prescription)
- ☐ Occasional use medications (pain relief, antihistamines etc)
- ☐ **Medicated** creams, lotions, gels, eye drops, ear drops, nasal preparations & inhalers.
- ☐ Vitamins & Supplements.

☐ I understand it is **my responsibility to hand over** this form and the medications to the **Leader in Charge** of the activity.

✅ How I Have Sent Medications

☐ I have supplied **sufficient medication for the activity/event**, plus **limited spare doses** for reasonable mishaps.
☐ Any **additional or unrequired doses have been retained at home**.

All medications are supplied:

- ☐ In **original packaging**, **or**
- ☐ In a **pharmacist-prepared Webster-Pak® or similar**

For **prescription medications**, I have supplied:

- ☐ The **original pharmacist label**, **or**
- ☐ Supporting documentation (copy of prescription, letter, or similar

Emergency medications include a copy of my child's current **action or management plan**

- ☐ **Asthma**,
- ☐ **Anaphylaxis / Allergy**,
- ☐ **Diabetes**
- ☐ **Seizures/Epilepsy**

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I have checked that:

- ☐ Labelling is **in English** and includes my child's **full name**
- ☐ Medications are **in date** (not expired)
- ☐ Medications are **NOT** loose, unlabelled, repackaged, or labelled in another person's name

✅ Medication Use Form Completed

I have recorded how medication assistance should be provided:

- ☐ **Assist –** please assist my child
- ☐ **Remind** – please remind my child
- ☐ **Self-administer** – my child will carry their own medication and self-administer

For **all medication supplied** (including self-administered and occasional use), I have recorded:

- ☐ Medication name
- ☐ Dose and route (e.g. 300 mg tablet, inhaler)
- ☐ Suggested times to be taken
- ☐ Any specific instructions (e.g. "only if required")
- ☐ Any storage instructions (e.g. "refrigerate")

☐ I have given **my contact number for this activity** and understand that a leader may contact me if they need to discuss my child's medication or health needs.

✅ Self-Administration (if applicable)

Scouts Victoria supports youth independence and self-administration in the older sections. Self-administration must be discussed with your Unit and agreed upon.

Self-administration does **not remove adult responsibility** and may not be appropriate where a youth member is **unwell, fatigued, distressed, or unable to make safe decisions**.

☐ Independent carry and self-administration has been **discussed and pre-approved**
☐ Self-administration details are **clearly documented in the ScoutHealth Record**
☐ **Safe storage of medications** have been discussed and agreed between my child and their Unit.
☐ I understand adult **supervision and oversight still apply**

Thank you.
Accurate, complete and up to date information supports your child's wellbeing