MEDICATION USE FORM

MEDICATION USE FORM

Name	Sam Scout	**Rego No.**	8010002
Unit	1st Scout Group Cub Unit	**Age**	10
Activity	Pre-Cuboree camp	**Activity Date**	15/5/2026 – 17/05/2026
Supervision	☐ Assist ☑ Remind ☐ Self-administer	**Contact No.**	0425 000 000 Contact no. for this activity

Medication (Name, Dose and Instructions)	When to Give (time)	Mon ___/___		Tues ___/___		Wed ___/___		Thurs ___/___		Fri 15/5		Sat 16/5		Sun ___/___	
		Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials
Medication (Print Name & Strength): Paracetamol 240 mg in 5 mls HOW MUCH: 12 mls — How Often: every 4 hours How to give (Route) & Instructions: As required for stomach-ache or headache. Not more than 4 times	AM														
	Noon														
	PM														
	Before Bed														
Medication (Print Name & Strength): Ventolin Puffer HOW MUCH: 2 -6 puffs — How Often: How to give (Route) & Instructions: As required for asthma symptoms & before exercise	AM														
	Noon														
	PM														
	Before Bed														
Medication (Print Name & Strength): Flixotide 50 mcg HOW MUCH: 2 Puffs — How Often: 2 times daily How to give (Route) & Instructions: With spacer. Rinse mouth with water	AM 8 A.M											8.15 am	KA		
	Noon														
	PM														
	Before Bed 8 P.M														

Family to complete these sections

Leader/carer completes date/time medication provided & initials entry