**NAME OF EVENT: ……**

**DATE OF EVENT: ……**

# MEDICATION FORM

**THIS FORM SHOULD BE COMPLETED AND GIVEN TO ONE OF THE LEADERS AT THE START OF THE WEEKEND. IT SHOULD INCLUDE DETAILS OF ALL MEDICATION BEING TAKEN BY THE PARTICIPANT AT THE START OF THE ACTIVITY.**

Name: ..... is on the following medication:

| TIME TO BE TAKEN | MEDICATION | DOSAGE |
|---|---|---|
| | | |

**PLEASE MARK ALL MEDICATION CONTAINERS CLEARLY WITH BOTH CONTENTS AND THE NAME OF WHO THEY ARE FOR.**

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Name: …….. **is NOT on any medication** ☐
(Please tick if appropriate)

Signed: ..... Date: .....
(Person with parental responsibility)

Name in block capitals: .....

Name, address & contact details of leader
to whom any queries should be addressed