Medication notification

This form must be completed for all participants aged under 18 years old. The first section relates to own medicines, the second to medications available, if required, which may be administered to those under 18 based on consent provided.

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| **EVENT NAME** |
| **Personal information** |
| Full name of participant: |
| Participant date of birth: |

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| --- | --- | --- |
| **Own medication** | **Dosage** | **When** |
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| **All own medication must be clearly marked with the person’s name, name of drug, storage requirements, frequency of use and dosage.** | | |

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| --- | --- | --- |
| **Consenting adult’s name** | **Consenting adult’s signature** | **Dated** |
|  |  |  |