

Lauderdale Scout Group

Additional medical authorisation form
for non prescribed medicine and additional information request

Childs Name: _____

Section (Please Circle) - Mon Beavers / Tue Beavers / Mon Cubs / Fri Cubs / Scouts / Y-Leaders

Medical

Please indicate which of the following you give permission for the group leaders to administer if required

	Yes	No	Allergic
Paracetamol (Tablet)			
Calpol			
Ibuprofen			
Piriton			
Anti-Histamine			
Elastoplast			
Suntan Lotion			
Insect Repellant			

Please indicate any medication that your child is taking – all prescription medication should be handed to the group leaders on departure in a clear resealable plastic bag with your child's name on, and the separate "Medication Authorisation Form" must be completed and handed in with the medication on or before Friday

Dietary

Please detail below any dietary requirements that your child has :

Any other information that you feel it would be useful for the group leaders to know (eg Night Terrors, bed wetting, sleepwalking)

Signed (Parent/Guardian)

Date :