Lauderdale Scout Group - Medication Authorisation Form

I _____(name of parent) herby request _____(Scout Leader) to administer the medication named below to my child _____(name of child).

I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication.

By signing below I release the Scout Association and all its volunteers from all liability for reactions, which my child may suffer from this medication.

_____(Signed) _____Date

Date	Childs Name	Name of medication	Dosage	Time to be given	Parents signature	Dosage given	Date and time given	Leaders signature