Job's Daughters QUEENSLAND

MEDICATION ADMINISTRATION FORM

Jurisdictional Guardian Council of Queensland

Job's Daughters International ®

1. This recording sheet is to be used when a parent or guardian has advised that a youth member may require medication during an event.
2. All medication must be provided by the parent or guardian in original packaging and clearly labelled with the youth member's name and dosage instructions.
3. At handover and prior to administration, the medication must be checked against the label and the instructions provided on this form to confirm the correct medication and dosage.
4. Where medication is administered, the administration should be observed by a second adult leader where possible. Both adults must initial to confirm the medication was given as recorded. The medication record must be retained with the event documentation for the duration of the event and a copy shared with the parent or guardian at the conclusion of the event.

YOUTH MEMBER		
Name	**DOB**	**Bethel**

MEDICATION DETAILS									
Medication (name, dosage & instructions)	**Scheduled times to be taken**	**Date**		**Date**		**Date**		**Date**	
		Time	**Initials**	**Time**	**Initials**	**Time**	**Initials**	**Time**	**Initials**

AUTHORISATION	
Self-administration authorised	**Administration by adult leader authorised**
I give permission for the member named on this form to carry and self-administer the medication listed above. I confirm that they are capable of doing so independently. I understand that Job's Daughters Queensland adult leaders will supervise where appropriate but are not responsible for administering the medication.	I give permission for Job's Daughters Queensland adult leaders to administer or supervise the medication listed above for the member named on this form. I understand that medication information may be shared with emergency or medical personnel if required in the event of an emergency.
Parent Signature and Date	**Parent Signature and Date**

Name of First Aider	**Event Location and Date**

MEDICATION DETAILS									
Medication (name, dosage & instructions)	**Scheduled times to be taken**	**Date**		**Date**		**Date**		**Date**	
		Time	**Initials**	**Time**	**Initials**	**Time**	**Initials**	**Time**	**Initials**