

CONSENT FOR A FIRST AIDER TO PROVIDE MEDICATION - 2023

To: **The Scouter/Pack Scouter/Den Scouter-in-charge: 37th Springvale Scout Group**

I, (full names of legal Guardian)

Of (Address):

.....Postal Code:

Tel N^o: (.....) Cell N^o:

Being the legal guardian of (ward's full name)

Hereby consent to allow the designated First Aider at

37th SPRINGVALE MEERKAT DEN

Held on **Friday EVENINGS between 17:15 and 18:30, during the Normal School Term**

To provide the following treatment(s) to my child, should the need arise, whilst engaged in the above mentioned activity. (Circle Yes (Y) or No (N) and initial)

Medication	Consent (Y/N)	Initial
1. Antiseptics (Dettol or Savlon)	.....Y / N.....	.....
2. Aspirin (Disprin)	.....Y / N.....	.....
3. Paracetamol (Panado)	.....Y / N.....	.....
4. Antihistamine (e.g. Allergex)	.....Y / N.....	.....
5. Anti-diarrhoea (e.g. Imodium)	.....Y / N.....	.....
6. Anti-nausea (e.g. Valoid)	.....Y / N.....	.....

Signed:
(Legal Guardian)

.....
(Witness)

Signed at on this day of..... 20...