

CONSENT FOR A FIRST AIDER TO PROVIDE MEDICATION - 2024

The Scouter/Pack Scouter/Den Scouter-in-charge: 37th PTA 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 CUB PACK

Held on Friday EVENINGS between 17:15 and 19:00, 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...