

## CONSENT FOR A FIRST AIDER TO PROVIDE MEDICATION - 2025

### The Scouter/Pack Scouter/Den Scouter-in-charge: 37<sup>th</sup> PTA Springvale Scout Group

I, (full names of legal Guardian) .....

Of (Address): .....

.....Postal Code: .....

Tel N<sup>o</sup>: (.....) ..... Cell N<sup>o</sup>: .....

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

Hereby consent to allow the designated First Aider at

### 37<sup>th</sup> 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...