

Medicine Administration Form

1st Stotfold Scout Group, Biggleswade & District, Bedfordshire

Scout Headquarters, Baldock Road, Stotfold, Hitchin, Herts, SG5 4PB

An electronic copy of this form can be completed at www.stotfoldscouts.org.uk/forms Updated :March 2011



Leader's Details			
Section:			
Name:		Telephone:	
Address:			
E-Mail Address:		Mobile:	

Medicine Administration Form

Name of Young Person:			
Date of Birth:			

In consideration of		being the Section Leader
or Assistant Section Leader of the		Section, agreeing to
administer medicine to the above-named child on my behalf during section meeting times, in accordance with the official instructions supplied therewith, I hereby undertake to bring the necessary medicine to the section meetings and to hold harmless and indemnify the said Section Leader or Assistant and the 1 st Stotfold Scout Group against any claim of any nature whatsoever arising from the administration of the medication to my child.		
Signature:		
Date:		
Parent or Guardian's Name:		

Details of medicines to be given: