

Event: Forever Free 2021
 Location: Baylife Church, Anna Bay
 Date: 12 – 15th January, 2021

This form is to be submitted with your registration.

Medication must be in a ziplock bag, clearly labelled with child's name, name of medication and instructions.

MEDICATION MANAGEMENT FORM

(To be completed by parent or guardian)

Medical Condition (e.g. asthma, diabetes, epilepsy, current illness)			
First Name		Last Name	
Parent's Contact Details	H:	M:	W:
Name of Treating Doctor		Phone:	

What Medication does your child take?

A) Regularly

Name of Medication	Dose	Frequency / day
1.		
2.		
3.		

B) For Treatment of an Attack / Episode

Name of Medication	Dose	Frequency / day
1.		
2.		
3.		

Is your child's condition triggered by any particular factors? Please list.			
What symptoms does your child experience during an attack?			
Does your child have a management plan? <i>Please attach an up-to-date copy if your child has a plan</i>	YES		NO

Parent/caregiver to sign _____

Name of Parent _____ Dated _____