



Dear Cuboree Participant,

The attached forms are to be brought to the Cuboree camp **ONLY** if there are any medications that need to be administered, or if anyone has allergy or asthma concerns that the leaders / first aiders need to know about.

Instructions for these various additional forms are as follows:

- **HEALTH UPDATE FORM** only needs to be brought to camp by a participant if there is any change to health information given on the original application form. This form is to be handed to the Pack Akela of their Cuboree Pack.
- **MEDICATION INFORMATION FORM** is to be kept with any regular medication, in a sealed container, with the person's name and Cuboree Pack Number clearly labeled.  
In the case of Cub scouts, the medication container and form is to be handed to the Pack Akela, who will make sure the medication is given.
- **ASTHMA PLAN FORM** and Asthma medication should be carried at all times by the cub/venturer/adult in a clearly labeled sealable waterproof bag, preferably in their backpack or bumbag.
- **PERSONAL ALLERGY MANAGEMENT FORM** should be carried at all times by the person concerned, with their EPIPEN, or other emergency medication in a clearly labeled sealable waterproof bag, preferably in their backpack or bumbag.

**THE NUT-FREE POSTER** is an important reminder that the whole camp is being run with a NUT-FREE diet. (There will of course be lots of nutty people there).

So please **DO NOT SEND ANY NUTS IN FOOD TO CAMP**, in snacks, or first day lunch or biscuit tins of goodies etc.

Thank you for your co-operation on all these issues.

The Cuboree Welfare Team  
Janet Perryman Manager

# MEDICATION INFORMATION FORM CUBOREE 2010



## Individual Form

All medications must be in the original pharmacy container with patient's name, drug and dosage clearly marked including any "over the counter" medications.

Name \_\_\_\_\_ Pack # \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Dr's Phone (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

1. Medication Name \_\_\_\_\_

Strength and Method of Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Total Quantity Needed \_\_\_\_\_ Quantity Sent to Camp \_\_\_\_\_

Reason for medication \_\_\_\_\_

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) \_\_\_\_\_

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting \_\_\_\_\_

Expected action if medicine is not taken as directed \_\_\_\_\_

2. Medication Name \_\_\_\_\_

Strength and Method of Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Total Quantity Needed \_\_\_\_\_ Quantity Sent to Camp \_\_\_\_\_

Reason for medication \_\_\_\_\_

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) \_\_\_\_\_

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting \_\_\_\_\_

Expected action if medicine is not taken as directed \_\_\_\_\_

3. Medication Name \_\_\_\_\_

Strength and Method of Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Total Quantity Needed \_\_\_\_\_ Quantity Sent to Camp \_\_\_\_\_

Reason for medication \_\_\_\_\_

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) \_\_\_\_\_

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting \_\_\_\_\_

Expected action if medicine is not taken as directed \_\_\_\_\_



# 6<sup>TH</sup> Victorian Cuboree

27<sup>th</sup> September – 1<sup>st</sup> October, 2010 – Gilwell Park, Gembrook

## ASTHMA MANAGEMENT PLAN

To be completed for any participant who suffers from Asthma.

Name: .....

Age: .....

Pack: .....

Regular Asthma Medications and Management Strategies.

Name of Drug	Quantities and Dosage

Additional Medication and Management Strategies to be applied during an attack.

Name of Drug	Quantities and Dosage

The Participant must bring the above medications to camp. These medications must be in the original packaging with the Participants name and dosage amounts and times indicated.

Peak Expiratory Flow Readings.

Expected Reading	
Reading requiring extra medication	
Reading when advisable to seek Medical assistance	

Known Trigger Factors (please tick any appropriate item).

Dust of any sort in sufficient quantities

Atmospheric pollution

Sudden temperature changes

Vigorous exercise

Contact with animals

Other – please provide details

Grass and Weed Pollens, Mould

Please provide other information that may be of assistance in providing medical assistance to this person.



## PERSONAL ALLERGY MANAGEMENT PLAN

Name: \_\_\_\_\_

**ALLERGY** e.g. bites and stings, peanuts, food etc.  
\_\_\_\_\_  
\_\_\_\_\_

**TRIGGER** e.g. ant bites  
\_\_\_\_\_

**SYMPTOMS** e.g. local swelling, breathlessness  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT** e.g. antihistamine tablets x 2 (Prescription name and dose)  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP** e.g. see doctor  
\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFORMATION:

Last known episode \_\_\_\_\_

Type of Reaction and time to develop \_\_\_\_\_

Action taken e.g medication, epipen. \_\_\_\_\_

Outcome e.g.kept home, seen by Dr. sent to hospital \_\_\_\_\_

Number of known episodes \_\_\_\_\_