

The Sports and Coaching Camp Business Guide

# Medicine intake and administration record

Add your details and work through this sheet with your team.

|                  |             |       |
|------------------|-------------|-------|
| Camp / programme | Prepared by | Date  |
| <hr/>            | <hr/>       | <hr/> |

Restricted health record. Use only within an approved medication process and staff scope.

## Participant, offering, and dates

|         |                                       |
|---------|---------------------------------------|
| Details | Authorised care-plan reference        |
| <hr/>   | Current plan and relevant permissions |
| <hr/>   | <hr/>                                 |

## Medicine and labelled instructions

Exact medicine, dose, route, timing, and instructions from the authorised source; do not invent or change them

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## Device or supply check

Label, expiry, condition, quantity received

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## Storage and emergency access

Plan

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## Self-carry or self-administration arrangement

Approved details, where applicable

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Trained staff authorised to help

Names/roles

Handover received from and by

Names/date/time

| Date and time | Instruction followed | Amount administered or assistance given | Staff | Required second check, when applicable | Exception and action |
|---------------|----------------------|-----------------------------------------|-------|----------------------------------------|----------------------|
| Record        | Plan reference       | Record                                  | Name  | Record                                 | Details              |
|               |                      |                                         |       |                                        |                      |
|               |                      |                                         |       |                                        |                      |
|               |                      |                                         |       |                                        |                      |

Missed dose, error, or adverse response

Follow the approved clinical/emergency process; record notifications

Return handover

Quantity, person, date, time

Never delay emergency treatment to finish the log. Do not use this form to prescribe medicine.