



## Active Moreland Recreation Access Program (RAP) Medication Record

DAY TO BE TAKEN	TIME TO BE TAKEN	NAME OF MEDICATION	DOSAGE	DOES PARTICIPANT NEED ASSISTANCE

This form must be filled out by Carer or Parent before participant can attend the program.

I \_\_\_\_\_ authorise that all the information stated above is correct and agree that all medication taken on the program will be clearly labelled with the participants name.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_