

CHANGE OF CARETAKER

NOTIFICATION FOR CHANGE OF CARETAKER

CHEST NAME:

CHEST NUMBER:

1. Caretaker Details

Previous caretaker name: _____

New caretaker name: _____

Phone: () _____

Fax: () _____

Email: _____

2. Has the applicant had any previous experience in Managing a medical chest? _____

3. Does the medical chest require any of the Following:

<input type="checkbox"/>	Medical Chest registration Number Sticker
<input type="checkbox"/>	Order forms
<input type="checkbox"/>	Dangerous Drugs green record book
<input type="checkbox"/>	Medical chest contents list
<input type="checkbox"/>	Body Chart
<input type="checkbox"/>	User Chart
<input type="checkbox"/>	How to give an intramuscular injection DVD
<input type="checkbox"/>	24 Hour medical phone line fridge magnets

PLEASE NOTE: The following section *MUST BE* completed and signed accordingly, as it refers to Dangerous Drugs of Addiction

I, the Caretaker of the Medical Chest have in my possession the following Controlled Substances:

Item number	Drug Name	Number of Ampoules	Expiry Date
188	Morphine 10mg		
173	Panadeine Forte 500/30mg Tabs		
191	Diazepam 2mg Tabs		
413	Midazolam 5mg/1mL		

I, the Caretaker of the Medical Chest have completed the online training:

https://rise.articulate.com/share/_5r1kQx-EWJpxQ0xkCOb0IRSQDff0YC#/

**Please send a copy of the completion certificate to the below address*

Signature: _____

Print Name: _____

Date: _____

Please return to: Royal Flying Doctor Service SE Section
Attn: Medical Chest Co-ordinator
PO BOX 463 Broken Hill
NSW 2880 or
medicalchest@rfdsse.org.au