

Parental permission for administration of medication (camp)

Dear parent

As your child has regular medication during the day, we ask that you complete the below form to give us the information we need to support your child during the upcoming school camp.

Woodbury Boston Primary School
Whole School Camp
8th - 10th March 2017

Student name:

Medication name:

Times of day medication to be taken, dosage required at each time (number of tablets, etc.) and any other instructions (e.g. with food, after meals, etc.)

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.....

I (parent/guardian name) give permission for school staff to administer the above medication to my child following the above instructions, for the duration of camp.

Signed:

Dated: / /

Please package up the correct quantity of your child's medication in a sealed container, and hand to a staff member, with this form, at the beginning of camp.

Received by: (staff member name)

Signed:

Dated: / /