

Parental permission for administration of medication on camps

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.

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 provide the correct quantity of your child's medication, in the original packaging showing the proprietary name, active ingredients and date of expiry, and hand to a staff member, with this form, at the beginning of camp.

Received by: (staff member name)

Signed:

Dated: / /