

Administration of Medication – Camps Only

Please do not hand in this form and medication until the morning of camp departure.

The completed form must accompany the medication.

Student Name:	Year Level:							
Medical Condition	/s:							
on duty will administer	these type ailing the a	es of medication	ons provided th	ne medication	is in its orig	whilst students are on camp, staff inal packaging clearly named with t also be in its original packaging		
NAME OF MEDICATION			DOSAGE	TIME	EXPIRY	PRESCRIBING DOCTOR		
			REQUIRED	REQUIRED	DATE			
		Detail:	s of Medical	ion Adminis	ered			
DATE	TIME	DOSAGE GIVEN	NAME OF MEDICATION		ON	PERSON WHO ADMINISTERED MEDICATION		
Details of Parent/Gu	ardian wh	o has reque	sted the adm	inistration of r	nedicatio	n during camp:		
Name:				Contact N	umber:			
Relationship to Stude	ent:							
Signature of Parent/	Guardiar	າ:						
Unused medication will be returned to the student at the end of camp week.								



DATE	TIME	DOSAGE GIVEN	NAME OF MEDICATION	PERSON WHO ADMINISTERED MEDICATION