

**REQUEST TO ADMINISTER MEDICATION ON SCHOOL CAMP/ EXCURSIONS**

STUDENT NAME

YEAR LEVEL \_\_\_\_\_\_\_\_\_\_\_\_ GENDER: M / F

**Please provide a list of all medications required to be administered whilst on school camp. It is the parent/guardian’s responsibility to;**

1. Provide medication/s in original pharmacy box/container including the pharmacy label with the student’s name, dosage and time/s to be taken.
2. Provide across the counter medications eg antihistamine – ensure medication is not out of date and give short explanation when/why the medication is required.
3. Bring this form and medications to give to camp teacher/co-ordinator on the morning the student leaves for camp.
4. Include any relevant information/instructions regarding medications.

I hereby give permission for the School Nurse or designated First Aid Officer to administer medications as detailed below by me.

Parent/Guardian name

Signature Date

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| --- | --- | --- | --- | --- |
| **Name of medication** | **Dosage**(eg5mg/5ml) | **Route**(eg oral,eyedrop,topical) | **Time/s**to be given on camp | **Reasons** for administration / or other instructions.Eg. with food, before bed etc |
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