



REQUEST TO ADMINISTER MEDICATION

Request to Administer Medication to students attending Year 7 camp Feb 11-13.

Student Name: _____ Date of Birth: / /

Allergies: _____ Class: _____

Please list all medications that your child requires during camp (if more than one please see over).

Staff Member Administering to Sign Below:

Name of Medication	Parents to complete	Date Feb 11 Administered by - please sign	Date Feb 12 Administered by - please sign	Date Feb 13 Administered by - please sign
Strength (e.g. 10mg)				
Dosage (e.g. 1 tablet)				
Route (e.g. oral)				
Time/s to be given AM				
Time/s to be given AM				
Time/s to be given PM				
Time/s to be given PM				
Other useful instructions or information				

I hereby request that College staff administer the necessary medication to my child whilst on camp.

Parent/Carer (please print): _____

Signature: _____ Date: / /

NOTE:

For **staff** operating under direction of the Head of College to administer medication to a student, authorisation is required from a medical practitioner/parent.

- Provide medication in a **Pharmacy prepared Webster pack**, with the completed Request to Administer Medication form to the school in a **named zip lock bag**.
- Please ensure the student has received at least one dose of the above medication at home without any noted side effects prior to attending camp.

ALL MEDICATION FOR STUDENTS MUST BE HELD AT ALL TIMES BY THE SUPERVISING TEACHER (EXCLUDING THOSE MEDICATIONS ACCOMPANYING AN ACTION PLAN)

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Route (eg. oral)				
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