



# 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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Time/s to be given PM				
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