

WARRNAMBOOL PRIMARY SCHOOL

ADMINISTRATION OF MEDICATION

CAMP AND EXCURSIONS ONLY

This form is to be completed for ALL medication taken on camps or excursions.

Only medications in their original packaging will be accepted for use and prescription drugs MUST have the prescription label attached to the medication. Valid for camp only.

FULL NAME OF STUDENT _____

CLASS TEACHER/CLASS NUMBER _____

MEDICATION

Name of Medication _____

For treatment of _____

Dose _____

When to administer _____

Name of Medication _____

For treatment of _____

Dose _____

When to administer _____

Name of Medication _____

For Treatment of _____

Dose _____

When to administer _____

MEDICATION IN ORIGINAL PACKAGING (Do not accept if not) YES/NO

PHARMACY label matches the information included on this form YES/NO

Parent name printed _____

Parent signature _____ ***Date*** _____

Phone _____