THOMAS MITCHELL PRIMARY SCHOOL
CAMP MEDICATION AUTHORISATION FORM

YEAR 4 CAMP – PHILLIP ISLAND ADVENTURE RESORT
WEDNESDAY 8TH NOVEMBER TO FRIDAY 10TH NOVEMBER 2017

This form is valid for duration of camp only - Please use 1 form per medication

I authorise the Teacher in charge to administer the following medication to my child:

STUDENT'S NAME: …… **GRADE:** ……

MEDICAL CONDITION: ……

MEDICATION: ……..
All medications must be in original packaging and within the expiry date. If medication is prescribed by a doctor the label must be clearly displayed and intact. If medication has been purchased over-the-counter it must be clearly labelled with the child's name.

EXPIRATION DATE CHECKED:……/……/…….

IF TABLETS, HOW MANY SUPPLIED: ……

(Total tablets verified by receiving teacher……..)

DOSAGE: ……

DATES TO BE GIVEN MEDICATION: ……

TIMES TO BE GIVEN MEDICATION: ……

Signed: …… (Parent/Guardian) Dated: ……/……/2017

RECORD OF TIMES GIVEN (for camp use only)

Date	Time	Signature 1:	Signature 2:	Balance of tablets if applicable

Record for cross-checking: It is recognised that in many school settings medication is administered using a system of two staff members checking the information noted on this log. This is an appropriate added safety measure and seen as good practice.

Can your child collect this medication on your behalf at the end of the school camp Yes / No

Medication collected by: …… Dated: ……..

** To be handed in with medication on morning of departure for camp to Mrs Joanna Uva **