



Request for the Administration of Medication

Youth Camp 2022 | 9th - 11th July 2022

This form is to be completed by a parent or guardian before any medications can be administered by Camp Leaders including analgesics and antihistamines.

I request that my child be given prescribed medication whilst on camp by the Camp Leaders, according to the instructions written on the container or as dispensed by the Pharmacist.

Details:

NAME OF CHILD: _____ DOB: _____

NAME OF MEDICATION: _____

SPECIFIC TIMES MEDICATION IS TO BE GIVEN: _____

DOSE PRESCRIBED BY DOCTOR: _____

State specific amount to be given in mg, ml, drops, puffs etc.

NAME OF PRESCRIBING DOCTOR: _____

PHARMACY: _____

Consent:

PARENTS NAME: _____

SIGNATURE: _____

CONTACT NUMBER: _____

DATE: _____

NB. Camp Leaders will only use the instructions provided on the medication container by the pharmacist, at the medical practitioner's direction. Verbal or written instructions from parents/guardians will not be sufficient. Please check the expiry date, expired medication will not be administered.