

Form: MEDICATION FORM
Completed by: Parent/Guardian & Camp Manager



Medication Form

This form **MUST BE COMPLETED** by the PARENT and the MANAGER as well as the ADMINISTRATOR of the medication if different.

PLEASE NOTE:

This form is not valid without the PARENT/GUARDIAN signature

1. Course Details

Course Manager		Date	
Venue		Parent/Guardian Name	
Child Name		Parent Guardian Sign	

2. Medication Details

Name of prescribed medication	
Administration Schedule	
Childs session leader	
Secondary session leader	
Further information	

3. Administration Schedule

	Administered by	Initial	Time (AM)	Time (PM)	Parent/Guardian initial (Acknowledge drug collection/delivery to staff)
MON					
TUE					
WED					
THUR					
FRI					

4. Signature

The above information is correct and I agree to the above staff members administering medication to my child.

Parent/Guardian (PRINT)		Manager (PRINT)	
Signature		Signature	
Date		Date	

Form to be returned to head office at the end of each week.