



Camp Medication Request Form

Camp Name &/or Location: _____ Camp Dates: _____

Parent's Name: _____

Mobile Number: _____

ADMINISTERING MEDICATION					
<i>Parents complete shaded section – please print clearly</i>					
Student Name:			Staff use only: Staff administering medications must initial to indicate date and time of dosage		
Class:		DOB:			
			Date →	→	
			Time to be given →	→	
Medication Name					
Strength (e.g. 100 mg)		Dose			
Route (e.g. Oral)					
Additional information					
			Date →	→	
			Time to be given →	→	
Medication Name					
Strength (e.g. 100 mg)		Dose			
Route (e.g. Oral)					
Additional information					

PARENT CONSENT: I give consent for St Richard's school staff to administer to my child, the medication I have provided and named in this form, during this school camp.

Parent's Signature: _____

I have sent this medication to the school in the original container displaying the instructions and recommended dosage.

(Please note: Prescription medication can only be given to your child if it has **their** name printed on it as prescribed by your doctor. We cannot administer prescription medication with a sibling or parents name on it.

Over the counter medication must be age appropriate. E.g.: We cannot administer medication designed for adults to children under the age of 12 unless accompanied by a Doctors letter of support.)