



REQUEST TO ADMINISTER MEDICATION FORM WHILST AT CAMP

Student Name: _____

Date of Birth: / /

Known Allergies: _____

Year Level: _____

Please list all medications that your child requires during school hours. Please also list medication administered at home and any emergency medications.

Name of medication	Strength (eg 10mg)	Dosage (eg 1 tablet)	Route (oral, injection)	Time/s to be given at camp	Other useful instructions or information

Parent/Guardian's Name: _____

Signature: _____ Date: _____

I hereby request that school staff administer the necessary medication to my child while at camp.
I agree to notify the school, in writing, if there are any changes to the above medication.

Authorising Practitioner's Name: _____ Phone: _____

NOTE:

For **school staff** to administer over-the-counter medication, **authorisation is required** from a medical practitioner.

The following points are for security and safety purposes, and are requirements of the *Health (Drug and Poisons) Regulation 1996 (Qld)*.

- The parent notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including the potential side effects or adverse reactions
- Provide medication in the **original pharmacy labelled container** to the school
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken
- Notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist
- The student has received a dose at home without ill effect
- Advise the school in writing and collect the medication when it is no longer required at school
- Where parents are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin), parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the school of the adjusted dose.
- This form will be reviewed annually or as the student is prescribed a change in medication.