



Stage 3 Canberra Overnight Excursion Medication Form 2019

Should your child require any form of medication (including paracetamol) while away at camp the following note must be filled out and returned to the school by Monday 19 August 2019.

I, (name of parent/carer) give permission for staff of Quakers Hill PS to administer medication to my child (name of child).

Administer from (insert dates): to

Name of medication:

Reason/purpose for medication:

Time of day to be administered:

Amount to be administered:

Is your child familiar with taking this medication? YES/NO

In the unlikely event that your child misses the allocated time, what steps would you like to be taken (e.g. administer straight away, call you).

1.
2.
3.

Are there any special requirements with your child's medication (e.g. rest, to be taken with food)?

If there are any problems with the child taking medication, parents/guardians will be contacted immediately.

Parent/Carer Name:

Parent/Carer Signature:

Date: Parent mobile/contact number:

- ✓ **Parent/Carer to give all medications to your child's teacher on the morning that we leave for camp.**
- ✓ **Medication container/s must be clearly marked with child's name, dosage and instructions for administration**
- ✓ **Any unregistered medication will be supervised by staff until the end of camp.**

A copy of this note can be located on the school website – <http://www.quakershil-p.schools.nsw.edu.au/notes>