Northside Christian College

Camp Medication Administration Authority

This document authorises the College to administer medication as per the directions provided and signed by the students Parent/Carer below.

**** Please complete ONE form per Medication ****						
Student Name:						**Class:**
Medication Name/Details:						
Dosage amount: (e.g., 1 tablet or 10mls)			**Method:** (e.g., orally, crushed, apply to skin)			
Time:	*Breakfast*	*Lunch*	*Dinner*	*Before Bed*	*Other:*	
Does this medication require refrigeration? Y N						

- I hereby request the delegated school staff to administer the necessary medication to my child while at school.
- I agree to notify the school, in writing, if there are any changes in the above medication.
- I confirm this medication is not out of date and is **in its original pharmacy labelled packaging** with the student's name, dosage and time/s to be taken.
- I confirm the student has received a dose at home without ill effect.

Parent/Carer Name:	Contact Number:
Parent/Carer Signature:	Date:

COLLEGE USE ONLY:

Provision of medication must be verified and signed by two staff members at all times.

Date Administered	Time	Dosage	Qty Remaining	STAFF CODE #1	STAFF CODE #2	Notes