STUDENT MEDICATION FORM - CAMPS AND EXCURSIONS

HILLBROOK
IN BALANCE WE GROW

Details (to be completed by parent or guardian)

Student Name	Class	Medical condition/s medication supplied for

Name of Medication	Dosage (eg 1 tablet)	Strength (eg 10mg)	Route (eg oral)	When it needs to be administered

If dosage involves spilt tablets, please provide these ready to take in an appropriate medication dispenser box.

Other details if necessary

Parent Name	Relationship to child	Signature	Date

Record of Administration (to be completed by school staff)

Dosage	Time	Date	Person Dispensing	Signature