

MEDICATION CHART

As the parent / guardian, I authorise Kids' Camps staff to give the specified medication to the named child as I have instructed on this Medication Chart.

The medication must be supplied pre-packaged in a dosette box or blister pack.

Name of Child

Signature of Parent / Guardian/Carer

My Emergency Phone

<u>MEDICATION NAME, STRENGTH, DOSE</u>	<u>Times</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>
	BREAKFAST							
	6-9am							
	9-12am							
	LUNCH							
	12-2pm							
	2-6pm							
	DINNER							
	6pm							
	6-8pm							
	BEDTIME							
	8-9pm							

Notes:

I allow the Supervisor to administer headache medication (eg. Panadol) to my child at their discession: YES / NO

TO BE COMPLETED AT CAMP DEPARTURE:	Supervisor	Parent/Guardian/Carer
Confirm details checked by Supervisor		