Lysterfield Primary School
Camp Medication Authority Form
for a student who requires medication whilst at school camp

PARENT / GUARDIAN DETAILS

Parent/Guardian’s name: ____________________________________________

I hereby authorise the staff of Lysterfield Primary School to administer medication to my child as
detailed below. I understand the Medication needs to be in its original packaging and the
Pharmacy label needs to match the information detailed below.

Contact number/s during camp: ______________________________________

Signature: __________________________________________ Date: ________

CHILD’S DETAILS

Name: ___________________________________________ Grade: ________

Name of Medication: __________________________________________

Reason for Medication: ________________________________________

Type of Medication: (please circle): Tablet Capsule Elixir Spray

Drops Puffer Cream Other: ______________________________

Dosage: Amount to be given: __________________ Time last dose was given: ________

Frequency: _____________________________________________

List the DATE/S this medication needs to be given:

________________________________________________________________________

List the TIME/S this medication needs to be given:

________________________________________________________________________

________________________________________________________________________

Storage: (Please indicate if there are specific storage instructions for this medication)

________________________________________________________________________

Medication pickup: □ I will pick this medication up from the office after camp

□ Please send this medication home with my child after camp