CONFIDENTIAL

MEDICATION ADMINISTRATION FORM

Child's details

Name of child: _____ Age: _____

Date: _____ Week commencing: _____

Details of medication

Medication name	Dose	How is it administered	When must it be taken?

Date	Time	Received (Signed First Aider)	Acknowledged (Signed parent/guardian)

I give permission for the camp First Aider to administer the medication as detailed above:

Parent/guardian

Print name: _____ Signature: _____

Date: _____