

# 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: \_\_\_\_\_