Scripture Union
New South Wales

Ready, Set, Go

Parent/Caregiver Consent for Administration of Medications & Medication Chart

Name of Camper: _____ Date of Birth: _ _ / _ _ / _ _ _ _

Emergency Contact Name _____

Emergency Contact Number _____

1. All prescription and non-prescription medications shall be clearly labeled with the child's name and date of birth.
2. Prescription and non-prescription medications will be in original bottle/packaging. It is the parent/caregiver's responsibility to ensure the correct medication and amount of medication is provided on the camper's arrival for the duration of the campers stay at the Scripture Union NSW Camp andLocation stated below.
3. Prescription and non-prescription medications will be administered in accordance with label directions.
4. The number of pills/ amounts of medication arriving with campers prior to arriving to Scripture UnionNSW will be clearly stated on the below table. If left blank, then Scripture Union NSW cannot be held responsible for any missing medication.
5. Signed consent must be provided by the parent/caregiver, permitting the Scripture Union NSW First Aid Officer and/or authorised Scripture Union NSW team to administer medications to the camper. Instructions shall not conflict with the prescription label or product label directions.

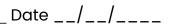| Medication	Medication is for	Dosage	Frequency/ Time of Day	Amount of medication (ml or # of pills)	
				on Arrival	on Departure

I authorise the Scripture Union NSW First Aid Officer and/or Scripture Union NSW team members to administer the medications stated above to the child named above for the condition/s listed from _ _ / _ _ / _ _ _ _ to _ _ / _ _ / _ _ _ _ while at Scripture Union NSW

_____ at _____
name of camp   *location of camp*

Parent/Caregiver NAME _____

Parent/Caregiver SIGNATURE _____ Date _ _ / _ _ / _ _ _ _

Administration				
Date	Time	Medication	Dosage	Comments

On Departure Parent/Carer to Review & Sign.

Parent/Caregiver NAME _____

Parent/Caregiver SIGNATURE _____ Date _ _/_ _/_ _ _ _