



Great Ryrie Primary School

ADMINISTRATION OF MEDICATION CONSENT FORM
Year 5&6 Coolamatong Camp - 2018

Child's Name: _____ **Grade:** _____

Name of medication: _____

Dosage instructions: _____

Frequency/Time of Day _____

Other instructions:

Signature of parent/guardian

Parent's Contact number

Date: _____

Medication should be placed in a sealed plastic container along with these instructions.