



ADMINISTERING MEDICINE FORM

Fire Tech Camp will not give your child medicine unless you complete and sign this form and there is a dedicated member of staff who can administer the medication.

CHILD'S NAME		DOB	
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Condition / Illness	
Name and Strength of Medicine	
Where Medicine Kept	
Side Effects:	
Expiry date:	
How much (dose) to give:	
When to give it	
Number of tablets given to FTC	

Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER, WITH LABELS, AS DISPENSED BY THE PHARMACIST.

Emergency Contact	
GP Name and Contact Details	

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the Fire Tech Camp staff, to administer the medicine in accordance with the administrating medication policy. I will inform the Fire Tech Camp immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian Signature: _____
Print Name: _____
Date _____