



CAMP - PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATION FORM

This form is a record of a parent/guardian's permission for the College to administer non-prescription medication to their young person. The record of the administration of this medication will be recorded separately.

Parents/guardians are required to:

- complete this form to provide consent (or not)
- provide details of the non-prescription medication you would like the AITC Camp First Aid Lead to administer if required by your young person while on Rookies Challenge (Camp)
- hand the non-prescription medication in a named container to the AITC employee prior to the young person boarding the bus to Rookies Challenge (Camp)

Please see the Rookies Program – First Aid section for details of emergency medication requirements.

Instructions for AITC employees

On receipt of a young person's non-prescription medication from their parent/guardian, confirm that:

- the parent/guardian has completed this permission form
- the parent/guardian has provided the non-prescription medication in a container with the name of the young person clearly on the container

During administration

- send a text message to the parent/guardian before the administration of medication, notifying them of the medicine, the dose, and the reason
- follow the instructions provided by the parent/guardian on this form

After administration

- send a text message to the parent/guardian once the non-prescription medication has been administered
- record the administration on the Camp First Aid Register

Young person name		Date of birth	
Parent/guardian name		Contact phone number	
<input type="checkbox"/> I hereby give consent to the AITC to administer the following over the counter emergency medication to my young person during the Rookies Challenge if required. <ul style="list-style-type: none"> • The parent/guardian will receive a text message before the administration of medication, notifying them of the medicine, the dose, and the reason. • The parent/guardian will receive a second text message when medication has been administered. 			
<input type="checkbox"/> I DO NOT consent to the AITC administering any over the counter medication to my young person. [Please sign and date the form.]			
Medication will only be dispensed by the Challenge First Aid Lead.			
Name of medication	Dosage (e.g. 1 tablet)	Strength (e.g. 10mg)	Route (e.g. oral)
			Indications for use (e.g. instructions for when and how this medication is to be administered)
Panadol /Panamax			
Claritin / Antihistamine			
Parent/guardian signature			Date