



Mount Colah Public School

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MT COLAH PUBLIC SCHOOL

Administration of Medication - Authority

Years 3/4 Vision Valley camp

If your doctor feels that your child is well enough to attend the excursion, but needs some form of medication during our 2 days away, please complete and sign the following note. Put this note along with the medication (clearly labelled with dosage) into a ziplock bag and hand to either Mrs Perring or Mrs Barker on the morning of the excursion. Please note that staff are unable to administer any medication without this form being completed.

I request that my child _____ Class _____

be allowed to take _____
(name of medication)

which has been prescribed by Dr. _____

My child is to take the dose written on the label at _____ (time) each day until
_____ (date of last dose).

I authorise Mt Colah Public School staff on the excursion to administer the above mentioned medication to my child. Please hand all medication to Mrs Barker or Mrs Perring prior to getting on the bus.

Signature: _____
Parent/Guardian

Date: _____