

Administration of Medication Form

This form is to be used when a parent/carer requests Griffith Sport staff to administer medication to their child during attendance at Griffith Sport Active Kids holiday program.

Participants Name:

Date of Birth:

Family Contact Details
Address:

Gender:

Telephone No:

Email:

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

Name of medication	Medication 1		Medication 2	
	Expiry date			
Dose/frequency – (may be as per the pharmacist’s label)				
Duration (dates)	From : To:		From : To:	
Route of administration				
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>		By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>		Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	

Section B – Authority to Act

This administration of medication form authorises Griffith Sport staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Carer:

Date:



