

Medical/Allergy Plan

Please print, complete and bring this form with you to registration on your first day at camp.

Child's Full Name:
GP Name: GP Surgery Address: GP Telephone:
Medical Condition/Allergies: <i>(Brief description)</i>
Medication Required: <i>(Medication Name, Dose & Expiry Date)</i>
When should the medication be administered? <i>(Time or Situational)</i>
Any other actions to be taken alongside the medication:
Every child on camp will be supervised when administering medication, however if your child requires additional support please circle YES below: <i>My child will require support from School's Out staff when administering medication... YES/NO</i>
Signed: _____ Date: _____

