Topspin Medication Form 2010

Please complete this form in BLOCK CAPITALS for the person attending.
Please present this form on the first day of camp (please do not return by post).

Important notes:

- No medication can be given without parent's permission and signature.
- All medication is to be clearly labelled with the name of child, type of medication, and storage information.

Medication Authorisation

Type of medication	Dosage	Possible Side Effects

❑ I give permission for Topspins First Aider to administer the above medication in my absence.

Signed (Parent, Guardian) _____ Date _____

Medication Record

To be completed by First Aider.

DATE	DOSAGE	TIME	ADMINISTERED BY