



Macarthur Anglican School

STUDENT MEDICATION/ASTHMA MANAGEMENT PLAN FOR OVERNIGHT PROGRAMMES

NAME OF STUDENT _____ YEAR/CLASS _____

The following information is required for overnight excursions only if applicable.

If applicable this form along with any medication your child is required to have during this period of time should be handed directly to the teacher on the morning of the excursion/camp.

Medication should be in the original packaging for it to be administered to your child **OTHERWISE IT WILL NOT BE ACCEPTED**

ASTHMA MEDICATION AND INFORMATION

Medication Name	Dosage Amount	Time and Frequency

It is advisable to provide an **Asthma Action Plan** with your child's medication.

PRESCRIPTION MEDICATION(S) AND OTHER MEDICATION(S) RECOMMENDED BY YOUR CHILD'S DOCTOR

Please list any other medication(s) which may be required to be administered to your child for the duration of the Programme.

Medication Name	Dosage Amount	Time and Frequency

I authorise and direct Macarthur Anglican School to administer the above medication(s) to my child during the Programme whilst my child is under the care and control of the School.

Signature(s): _____ Date: _____

Parent(s)-Guardian(s)