## **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 Topspin	ns First Aider to administer the ab	pove medication in my absence.
Signed (Parent, Guardian)		Date
Medication Record		
To be completed by First Aider.		

DATE	DOSAGE	TIME	ADMINISTERED BY