

## MEDICATION MANAGEMENT PLAN

Name of Camp Attendee	
Date of Birth	

The following information is required for overnight excursions only if applicable. This form along with any medication your child is required to have during this period should be handed directly to the facilitator on the morning of the excursion/camp.

All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the camp facilitator if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the camp facilitator and yourself.

### MEDICAL HISTORY

Transplant Type	
Transplant Date	
Other Medical Conditions	

**PLEASE LIST ALL PRESCRIPTION AND OTHER MEDICATION(S) RECOMMENDED BY YOUR CHILD'S DOCTOR WHICH MAY BE REQUIRED TO BE ADMINISTERED TO YOUR CHILD FOR THE DURATION OF THE CAMP**

Medication Name	Dosage Amount	Time & Frequency

PLEASE SELECT WHICH OF THE FOLLOWING APPLIES:

I authorise and direct Transplant Australia Employees and volunteers to administer the above medication(s) to my child during the camp whilst my child is under their care and control.

I authorise my child to self administer his/her own medication as listed above, and allow them to keep medications within their possession.

Parent/Guardian Name	
Parent/Guardian Signature	
Date	