



# Figtree Public School

*Respect, Safety, Learning*



Education

Gibsons Road

Figtree 2525

Phone: 4271 6888

Figtree-p.school@det.nsw.edu.au

25 March, 2022

## Stage 3 Berry Camp Medication Form

Dear Parents and Carers,

It is important that all students who will require ANY medication during the three days at camp complete the attached forms. This includes students who may suffer from seasonal asthma as it will be necessary that they bring their Ventolin puffers.

The first form attached is for our documentation and is to assist us in our preparations. Please fill in the form as accurately as possible, following the directions on the original packaging and prescription. This first form needs to be returned to Mrs Diamant by Tuesday 5 April, 2022.

The second form is similar to the first however is to remain at home until the camp. This second form is to be included in a zip lock bag with your child's medication. Please clearly label the bag with your child's name. Your child must hand over the bag of medication and the second form to Mrs Diamant at school on the morning of the camp.

Please note that Mrs Diamant will administer medications at camp as per directions provided by you.

Kind Regards,

Mrs Diamant, Mrs Jolliffe, Mr Lloyd  
Mrs Darby & Mrs Kynes  
Stage 3 Camp Supervising Teachers

Ms Harding  
Principal



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## Stage 3 Berry Camp Medication Form - Form 1

Please return this form to Mrs Diamant by Tuesday 5 April, 2022

Student Name: \_\_\_\_\_

| Name of Medication | Dose | Instructions |
|--------------------|------|--------------|
|                    |      |              |
|                    |      |              |
|                    |      |              |
|                    |      |              |
|                    |      |              |

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to Mrs Diamant by 5 April, 2022**



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## Stage 3 Berry Camp Medication Form - Form 2

Please include this form in a zip lock bag with the medication and hand to Mrs Diamant on the morning of the camp.

Student Name: \_\_\_\_\_

| Name of Medication | Dose | Instructions |
|--------------------|------|--------------|
|                    |      |              |
|                    |      |              |
|                    |      |              |
|                    |      |              |
|                    |      |              |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include this form in a labelled zip lock bag with the medication and hand to Mrs Diamant on the morning of the camp.**