



Medication on Bunbury Cathedral Grammar School Camps

Dear Parents / Guardians,

Please find below important information pertaining to medication storage and administration whilst on camp. These guidelines have been implemented to ensure your child's safety and the safety of others.

Any student who requires regular medications whilst on camp will need to provide the following;

- 2 x Webster packs with required regular medication, including vitamins and supplements. **NOTE - These packs MUST be prepared and packed by a Pharmacy.** Please liaise with your local pharmacist to have the medications packed. 1 to use and 1 as a spare. These must be handed to a teacher prior to departure.
- Medication form. Please complete the attached medication form and email to eboney.franklyn@bcgs.wa.edu.au prior to camp. A hard copy must also be presented with the webster packed medications, on the day of departure.

EXCEPTIONS;

- Short term medications such as Antibiotics. These must be provided in the prescribed packaging with the medication form.
- The contraceptive pill can be kept on their person and self-administered. (Applicable only to Secondary Students)
- Inhalers and EpiPens. These must be kept on their person – ASCIA and Asthma action plans must also be provided prior to departure.

Students are not required to bring “as needed” medications such as Paracetamol, Ibuprofen and Antihistamines. These will be administered by staff as required, if consent has been given.

Medications handed to staff in zip lock bags or other packaging not meeting the above requirements, will not be accepted.

We thank you for your cooperation. Please do not hesitate to contact myself, if you have any questions or concerns.

Kind regards,
Eboney Franklyn, School Nurse

Eboney.franklyn@bcgs.wa.edu.au

08 9722 6200



Administering Medication

This form is required to be completed should your child need medication administered by our School Nurse or teaching staff. This includes any medication administered on a needs-basis, for example allergies. Please complete the form and return it to the administration office.

There is room to include 2 different medications. If your child has more than 2 medications just complete a second form

| | |
|---|----------------|
| Student Name | |
| Name of Medication 1 | |
| Brief description of medication e.g. yellow tablet | ----- ----- |
| Reason for medication ----- ----- ----- | |
| Administration instructions Including dosage, frequency/time. Does the medication need to be taken with food? Any other relevant information. | |
| ----- ----- ----- ----- | |

| | |
|-------------------------|--|
| Parent Signature | |
| Parent Name | |
| Contact Number | |



| | |
|---|----------------------------------|
| Name of Medication 2 | |
| Brief description of medication e.g. yellow tablet | ----- ----- |
| Reason for medication | ----- ----- ----- |
| Administration instructions Including dosage, frequency/time. Does the medication need to be taken with food? Any other relevant information. | ----- ----- ----- ----- |

| | |
|-------------------------|--|
| Parent Signature | |
| Parent Name | |
| Contact Number | |