

Dear Parents/Carers

## Administering Medicines in the Summer Camp

To ensure children's safety during their participation in the summer camp, our school nurse team will administer medications based on the information provided in the required format.

If your child requires medications during the summer camp, please read below and submit the Summer Camp Medicine Administration Request Form. Thank you for your understanding and cooperation.

**1. Who are these for?** - Pupils who require any of the following during their participation in the summer camp

- **'long-term' medication** (i.e. oral medicine or ointment that they use every day)
- **'short-term' medication** (i.e. medicines they use only for a short while)

In either case, we require the submission of the Medicine Administration Request form and a photocopy of the prescription information document provided at the chemist.

### ※Pupils with emergency medications (e.g. asthma attacks, allergic reactions)

If a child requires administration of medication for their allergies (including emergency medications such as an EpiPen), the documents below must be submitted:

- The School Life Guidance and Management Form (for Allergies) completed by a medical doctor
- The Medicine Administration Request Form completed by the parent/carer

## 2. Notes

- (1) Complete and submit the forms only if the child requires medications during the summer camp.
- (2) Please also submit over-the-counter medicines.
- (3) We do not accept medicines that require special skills to administer or are hard to store.

## How we deal with allergies during the summer camp

If your child requires a special treatment for their allergies, please submit the School Life Guidance and Management Form (for Allergies) completed by their medical doctor.

<General Guideline>

- If a child requires administration of medication for their allergies (including emergency medications such as EpiPen), the documents below must be submitted
  - The School Life Guidance and Management Form (for Allergies) completed by a medical doctor
  - The Medicine Administration Request Form completed by the parent/carer
- If a child has food allergies and requires allergen-free meals, the School Life Guidance and Management Form (for Allergies), which is completed by a medical doctor, must be submitted. This is to comply with the 'Guideline for Treating Allergies at Schools'. We provide a child who has food allergies with meals completely eliminating allergens to ensure their safety.

Date (Year/Month/Day):                    /                    /

## Summer Camp Medication Management and Support Request Form

Grade (     )    Child's Name ( \_\_\_\_\_ )

My child has been instructed by a doctor to take the medicine(s) below. Please administer them at the stated dosage and frequency, while the child takes part in the summer camp.  
I, the parent/carer, take full responsibility for the usage of these medicines.

Parent's Name: \_\_\_\_\_ / Signature: \_\_\_\_\_

The medicines are:	<input type="checkbox"/> For long-term use, taken everyday <input type="checkbox"/> For short-term use (*Please provide the prescription information document.)		
How long the medication should be used for	From            /            /            to            /            /            (Year/Month/Day) (If the medicines are for long-term use, fill in as "2023/4/1 to 2024/3/31")		
Reason for requiring medication (symptoms)			
Institution that has prescribed medication			
Name of medication			
Form of medication (dosage)	<input type="checkbox"/> Powdered (     ) <input type="checkbox"/> Pills (     ) <input type="checkbox"/> Liquid (     )ml <input type="checkbox"/> Ointment <input type="checkbox"/> Eye drops <input type="checkbox"/> Other	<input type="checkbox"/> Powdered (     ) <input type="checkbox"/> Pills (     ) <input type="checkbox"/> Liquid (     )ml <input type="checkbox"/> Ointment <input type="checkbox"/> Eye drops <input type="checkbox"/> Other	<input type="checkbox"/> Powdered (     ) <input type="checkbox"/> Pills (     ) <input type="checkbox"/> Liquid (     )ml <input type="checkbox"/> Ointment <input type="checkbox"/> Eye drops <input type="checkbox"/> Other
When to administer	<input type="checkbox"/> After breakfast <input type="checkbox"/> After lunch <input type="checkbox"/> After dinner <input type="checkbox"/> Before bed <input type="checkbox"/> Other	<input type="checkbox"/> After breakfast <input type="checkbox"/> After lunch <input type="checkbox"/> After dinner <input type="checkbox"/> Before bed <input type="checkbox"/> Other	<input type="checkbox"/> After breakfast <input type="checkbox"/> After lunch <input type="checkbox"/> After dinner <input type="checkbox"/> Before bed <input type="checkbox"/> Other
How it should be taken	<input type="checkbox"/> As is <input type="checkbox"/> With water <input type="checkbox"/> Dissolve in water <input type="checkbox"/> Other	<input type="checkbox"/> As is <input type="checkbox"/> With water <input type="checkbox"/> Dissolve in water <input type="checkbox"/> Other	<input type="checkbox"/> As is <input type="checkbox"/> With water <input type="checkbox"/> Dissolve in water <input type="checkbox"/> Other
How it should be stored	<input type="checkbox"/> At room-temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other	<input type="checkbox"/> At room-temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other	<input type="checkbox"/> At room-temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other
Other / Notes			

Please attach a photocopy of the information document on the prescription provided at the chemist on the back of this form.

Attach a photocopy of the prescription information here