



NAME
HEIGHT

CHILDREN'S HOLIDAY CAMP MEDICATION CHART

WEIGHT AGE

PLEASE STATE ALLERGIES

ROUTINE MEDICATION ORDERS	Give detailed instructions explaining exactly how the medications are given at home	time						PRN ONLY ORDERS (Medications needed occasionally eg pain relief, aperients, etc)
DRUG/DOSE: FREQUENCY: ROUTE: DATE ORDERED: DOCTORS SIGNATURE								Medication PANADOL Dose Instructions
DRUG/DOSE: FREQUENCY: ROUTE: DATE ORDERED: DOCTORS SIGNATURE								Medication Dose Instructions
DRUG/DOSE: FREQUENCY: ROUTE: DATE ORDERED:								Medication Dose Instructions



c/o Saint Ignatius' College, Riverview
Tambourine Bay Rd, Lane Cove, NSW, 2066

T: 0448 450 320 E: ichc@riverview.nsw.edu.au W: <http://ichc.riverview.nsw.edu.au>



sony
FOUNDATION



							Doctors signature			
DOCTORS SIGNATURE							DATE / TIME		MEDICATION / DOSE	
DRUG/DOSE:							SIGNATURE			
FREQUENCY:										
ROUTE:										
DATE ORDERED:										
DOCTORS SIGNATURE										
DRUG/DOSE:										
FREQUENCY:										
ROUTE:										
DATE ORDERED:										
DOCTORS SIGNATURE										



Saint Ignatius' College
RIVERVIEW

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