

2019 PENNANT HILLS PUBLIC SCHOOL  
P&C MUSIC CAMP  
29-31 MARCH, 2019

**MEDICATION DETAILS FORM**

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

**Date of Birth:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

\_\_\_\_\_

**Dosage/Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorisation**

**I authorise the designated staff member from Pennant Hills Public School to administer the medication detailed above in accordance with the dosage/instructions detailed above while my child is attending 2019 Music Camp.**

**Authorising parent/carers name:** \_\_\_\_\_

**Authorising parent/carers signature:** \_\_\_\_\_

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