



# ENGADINE WEST PUBLIC SCHOOL

Buckle Avenue, Engadine NSW 2233

Phone: (02) 9520 8134

Email: [engadinew-p.school@det.nsw.edu.au](mailto:engadinew-p.school@det.nsw.edu.au)

Fax: (02) 9520 5314

Dear parents/carers

You have indicated that your child will require medication while attending the Year 5 Camp at Milson Island from Tuesday 24 March to Friday 27 March 2026.

Please complete the attached form, **'Request for student health support while at camp,'** using the information provided by your child's medical practitioner. Please return the completed form to the school office, along with the required medication(s) by **Wednesday 18 March 2026**.

**Prescribed medication for the full duration of camp must be supplied in blister packs provided by a pharmacy. The pack should contain all required medication for each day, clearly labelled with the student's name, dose and time each medication is to be administered. Other non-prescription (over the counter) medication may also be included in the pack. Your local pharmacist can assist with organising this.**

**Otherwise non-prescribed (over the counter) medication must be in the original packaging with the manufacturer's instructions on how to administer the medication.**

Please be aware that a form must be completed for all medications, whether prescription or over-the-counter (including medications such as melatonin).

If you have any questions, please contact the school office.

Kind regards,

Jenny Dossetto, Jordan Macbeth, Nicole Maddick  
Year 5 teachers

Sue Roach  
Principal



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## Request for student health support while at camp

### 1. Student details

First name: ..... Last name: .....

Date of Birth: ..... Class:.....

Health/medical condition:.....

Could your child experience an emergency reaction in relation to this condition? (circle)

Yes

No

If yes, please provide details:.....

.....

Doctor's name/medical centre:.....

Doctor's address: .....

Doctor's phone number: .....



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## 2. Request for administering medication to the student

*Note: if your child is to take more than one prescribed or non-prescribed (over the counter) medication, please complete the additional medication form (following page)*

Name of prescribed medication:.....

Prescribed for (name of medical condition):.....

Prescribed dosage:.....

When is the medication to be administered:.....

.....

Batch number and expiry date of the medication: .....

Special storage requirements if any eg in refrigerator:.....

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:

.....

.....

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication? (Please circle)

Yes

No

If Yes, please provide more information:

.....

.....



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## Request for administering medication to the student (additional medication)

*Note: if your child is to take more than one medication, please complete this separate request.*

Name of prescribed medication:.....

Prescribed for (name of medical condition):.....

Prescribed dosage:.....

When is the medication to be administered:.....

.....

Batch number and expiry date of the medication: .....

Special storage requirements if any eg in refrigerator:.....

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:

.....

.....

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication? (please circle)

Yes

No

If Yes, please provide more information:

.....

.....



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## 3. Request for other support

Please provide details of any other health support needs of your child while they are at camp.

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### Privacy notice

*The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.*