

## Camp Medication Letter Template – Blister packs.

Dear Parents and Carers,

I write to you today to communicate a change to the process for medication being taken on camp. This is in line with the broader changes to medication being given at school and has come about due to legislative changes. These changes will help ensure your child's medication is handled and administered in the best possible way, so your child receives the best care and support while on camp.

Please read the following medications requirements for camp carefully:

- All medicines must be accompanied by a "**Camp – Medical Information & Request to Administer Medication**" form.
- All "As needed" medication (for example, Panadol, ointments, antihistamines) required to support your child's medical condition must be accompanied by a "Form B – Medication Administration Instruction", which has been **completed by a registered medical practitioner** (with the exception of emergency medication if accompanied by an Anaphylaxis Plan or current Asthma Action Plan).
- All medications **must be authorised/prescribed by a registered health practitioner** (with the exception of emergency medication if accompanied by an Anaphylaxis Plan or current Asthma Action Plan). This includes melatonin, vitamins, herbal supplements, alternative medicines, etc.
- All medications **must have a pharmacy label** including the following details:
  - Name of the person authorised to take the medication (student),
  - Strength of the medication in the packaging,
  - Dosage to be taken,
  - Date and/or time to be taken,
  - Registered health practitioner's name and date prescription dispensed;
  - Instructions/information for safely administering medication, if required (e.g. to be taken with food, etc.).

It is the expectation that routine medicines (eg. Ritalin, antibiotics, vitamins, melatonin) are **prepackaged by a pharmacist in a Blister Pack** (shown below) which packages tablets into individual, tamper evident cavities. This will ensure only the quantity of medication required to be administered while on camp is provided to the school with clear instructions for administration. Refer to the Blister Pack information provided below for guidance on obtaining a Blister Pack.

It is the expectation that all forms and medicines be provided to the school **XX days prior to camp.**

I appreciate that these changes are significant, and it is hoped that by providing this information early that you can prepare what is needed, and, if required, book the necessary appointments with your health practitioner.

If you have any questions, please do not hesitate to make contact either through the school office or *via email*.

**Blister Pack information:** *arranging a Blister Pack (e.g. Webster Pak) will involve you obtaining a current medication summary from your child's doctor or GP. The doctor or GP may be able to provide this summary without appointment, however this should be discussed with staff at your doctor/GP's office.*

*Take the medication summary, the attached referral letter and your child's medication or scripts to your pharmacist. Please note that not all pharmacies can provide blister packing for previously dispensed medications. Please discuss with your pharmacist as soon as possible. an example of a Pharmacy Blister Pack ----->*

*The below listed pharmacists have confirmed they can support Blister Packing for camp:*

**<School to insert pharmacy information here if they have identified a suitable pharmacy/pharmacies.>**

*There is a small cost involved in this process. This cost can differ depending on the pharmacy you visit.*



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INFORMATION FOR PHARMACIST

Dear Pharmacist,

My child currently attends <insert school name> and is participating in an overnight camp. As part of the school policy, I am required to provide my child's medication in a Blister Pack (e.g. Webster Pak).

|                                |  |
|--------------------------------|--|
| Camp attending:                |  |
| Dates medication required for: |  |

This letter is requesting that the medication presented along with the Current Medication Summary from the child's GP/Specialist be packaged in this way for the school to administer to my child during the above dates.

Please ensure the Blister pack clearly outlines:

- Student details
- Name of medication
- Time for administration
- Dose to be administered
- Any specific instructions, such as with food, on empty stomach, before/after food, etc.

Thank you for ensuring my child's medication is supplied as requested by the school.

Parent/Legal guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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