



Medication Information

If you will be bringing medication along to NCYC, please fill in the following form so we know what's going on.

Name of Medication:

How often is it required?

Do you self-administer or do you require help from our Medical team?

Self-administer

Help from Medical team

Anything else we should know? (eg. does medication need to be stored in fridge?)

Signature: _____

Please ensure that all medication is clearly labelled with your or your child's name. A refrigerator is available in each community for the safe storage of medication.

Please bring this form with your medication along to registration on the first day of NCYC.