

# ADMINISTERING MEDICATION FORM



Staff may only administer medication to your child if it is prescribed by a GP and if the request to do so is from you and is given in writing at the start of a session, stating frequency and dosage. Staff members have the right to decline such a request if they are in any way uncomfortable with this.

Child's Name	Date of Birth
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Name/Type of Medication	Dosage
Start of Prescription	End of Prescription
Expiry Date of Medicine	Storage Requirements

Child's Medical Number
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Doctor's Name	Doctor's Telephone Number
Doctor's Address	

Any Other Relevant Medical Information (Allergies, Family Medical History etc.) / Reason for Medicine and Symptoms
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Parent's/Carer's Name	Emergency Contact Number(s)
Parent's/Carer's Address	

I understand that members of staff at the Club will not be able to administer medication to my child if I do not complete and return this form. I also understand and accept that under no circumstances will members of staff administer medication against the will of my child.

I hereby consent to the Club Co-ordinator, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

Signature of Parent/Carer	Date
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