



## **Administering Medication Form**

Child's Name:

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Date of Birth:

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Name/Type of Medication:

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Dosage:

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Start of Prescription:

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End of Prescription:

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Doctor's Name:

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Doctor's Address:

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Doctor's Telephone Number:

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Any other relevant medical information (ie: Allergies, family medical history etc):

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Parents/Carers Name:

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Address:

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Emergency Contact Number:

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Child's Medical Number:

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I hereby consent to the supervisor, 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:

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Date:

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If you have any questions or comments please get in touch with the supervisor.

Members of staff at the Club **will not** be able to administer medication to your child if you do not complete and return this form. Under no circumstances will members of staff administer medication against the will of a child.