

Administering Medication Form

Child's Name:

Date of Birth:

Name/Type of Medication:

Dosage:

Start of Prescription:

End of Prescription:

Doctor's Name:

Doctor's Address:

Doctor's Telephone Number:

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

Olveston Out of School Club

Cath Purchase, Helen Day

Parents/Carers Name:

Address:

Emergency Contact Number:

Child's Medical Number:

I hereby consent to the First Aider, 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:

If you have any questions or comments please get in touch with the Admissions Manager, Helen Day. 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.