

Permission to Administer Medication form

This form must be completed fully by the parent/guardian in advance. No medication will be administered without such prior consent

Child's name:	Date of birth:	
Child's address:	Parent/guardian contact number(s):	
Name of medication:	Reason for medication:	
Dosage required:	Times to be administered:	
Administration method:	Expiry date of medication:	

- Medication will only be administered to your child if you complete and return this form.
- Under no circumstances will a member of delivery staff administer medication to a child against their will.

I give permission for the above named medication to be administered to my child as per the instructions given.

Parent/guardian name:	Parent/guardian signature:
Date:	

It is the responsibility of the parent/guardian to inform the club of any changes, at which point a new form must be completed.

Setting Manager checks:

Setting Manager name:	Medication storage details:
Dispensing label present: Yes/No	In original box: Yes/No
Internal Medication label required: Yes/No	Internal Medication label completed & attached to medication: Yes/No
Contra-indicators leaflet present: Yes/No	Expiry date:

Setting Managers signature:	Date:
-----------------------------	-------