



Administering Medication/Medical consent Form

2022/2023

Child's Name	
Date of Birth	
Name/ Type of medication	
Dosage / time	
Start of Prescription	
End of Prescription	
Any other relevant medical information (allergies, family medical history)	
Permission for administering Plasters	
Parent/carers name	
Address	
Emergency Contact number 1	
Emergency Contact number 2	

In the event that my child is involved in a serious incident, I acknowledge that the Club Leader, or delegated member of staff, will contact me immediately using the above emergency contact numbers.

In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Club Leader, or delegated member of staff, to consent to emergency medical treatment on my behalf, and if needed, accompany my child to hospital.

I understand that this authorisation will remain valid unless I contact Mrs Rogers and withdraw it. I hereby consent to the Breakfast club, or a delegated member of staff, to administer the above medication according to the details given here and any other relevant advice.

Signature of Parent/Carer: _____

Date: _____

If you have any questions or comments please contact Mrs Rogers (Club Leader)

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.