



## Administering Medication/Medical consent Form

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

In the event that my child is involved in a serious incident, I acknowledge that the Wrap around 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 am able to get to the Hospital, I hereby authorise the Wrap around provision 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 de Graaff and withdraw it.

I hereby consent to the Wrap around provision leader, 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 de Graaff.

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.