

Out of School Club

Permission to administer medicine

Child's name:	Date of birth:
Child's address:	
Parent's contact no:	
Doctor's name:	Telephone no:
Address of surgery:	
Reason for medicine:	
Name of medicine:	Storage requirements:
Dosage:	
Times to be administered:	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature: _____

Parent's name: _____

Date: _____

- Staff at the [Out of School Club](#) will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist. Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact the [Out of School Club](#) manager.