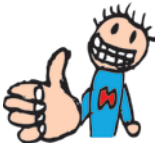




HOLIDAY CLUBS



Medication Form (to be completed if applicable)

Please complete this form in BLOCK CAPITALS for the person attending.
Please present this completed on the first day of Holiday Club (do not return by post).

Important Notes

- No medication can be given without the parent's permission and signature.
- All medication must be prescribed by a doctor and is to be clearly labelled with the name of child and if refrigeration is required.

Details of Pupil

Surname Forename..... DOB.....

Address.....

Condition or illness.....

Medication Authorisation

Type of Medication..... Date dispensed.....

Number of days required.....

Dosage..... Timing..... Special Precautions.....

Side Effects..... Procedures to take in an Emergency.....

I understand that I must deliver the medication personally to the Manager and accept this is a service which the school is not obliged to undertake.

Signed (Parent or Carer)..... Date

Relationship to Pupil..... Daytime Telephone Number.....

Medication Record

To be completed during the day and signed by the parent/carer at the end of each day.

DATE	MEDICATION	DOSAGE	TIME	ADMINISTERED BY	PARENT/CARER SIGNATURE

