

Administration of Prescribed Medication

I request that _____ (full name) be given the following medication while at The Big Space Out-of-School Club. This medication has been prescribed by the family or hospital doctor. It is clearly labelled, indicating contents, dosage and the child's name in full.

Name of Medication	Date Prescribed	Duration of Course	Dose Prescribed	Time(s) to be given

Please print

GP's name _____

Address _____

I understand that the medication will be administered to:

Child's name _____

and accept that this is not a service that the Club is obliged to undertake.

Parent/Carer _____

Address _____

Date _____

Parent/Carer signature _____

Staff signature _____

Note: Staff are willing to provide this service on a voluntary basis and are able to refuse if they are uncomfortable, or do not feel that they are being provided with enough information about the medication. Medication will not be accepted by the Club unless this form is completed and signed by the parent or legal guardian of the child.