

Kidz Biz

St Botolph's Out of School Club

MEDICATION CONSENT FORM

I understand that the Kidz Biz Out of School Club can only administer medication prescribed by a registered General Practitioner. As the parent/guardian of the child named below, I give my permission for the Co-ordinator and one other member of the club staff to administer the prescribed medication.

***A separate form is required for each medication prescribed.
All medicines should be supplied in original containers.***

The Kidz Biz Club cannot be held responsible for any reaction or side effects that a child may suffer as a result of taking the medication prescribed.

Please note that medication, including the use of sun creams, cannot be given by staff if this form is not clearly completed and signed by the parent or guardian.

Please speak to the Co-ordinator if you have any questions.

Child's Name.....Age.....D.O.B.....

Date medication began.....

Date treatment ends.....

Name of medication.....

Dose required.....

Frequency required.....

Times when medication should be administered.....

Expiry date of medication.....

Any known side effects.....

Signature of Parent / Guardian.....Date.....

Telephone No.....Mobile No.....

Address.....
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