

## **Consent to administer prescription medicine.**

**No child at CareClub Ltd. can have medicine administered to them, without this form being fully and correctly completed and signed by their parent or legal guardian.**

**The medicine will be marked clearly with the child's name, kept in an appropriate storage place, and will have with it the written instruction for administering it given to us by the parent or guardian.**

**It is the responsibility of the parent or guardian to ensure the instructions are kept up to date, and that the medicine is useable [within its use by dates.], and that they keep the club informed in writing of any changes relating to administration. In signing form the parent / guardian fully accepts the above mentioned responsibilities.**

<b>Full Name of Child.</b>
<b>Name of Parent or Guardian authorising action.</b>
<b>Medicine(s) to be administered.</b>
<b>Method of Administration.</b>

**Frequency of dose. / size of dose.**

**Signature of Parent or Guardian.**

*I understand my responsibilities in regards to the medication and authorise CareClub to administer the medicines noted on this form to the instructions I have provided.*

.....Date.....

**Other comments**

**Only prescription Medicines can be administered.**

**Out of date medicines must be returned to the parents, and signed for.**