

Kidzone Child care Services Policies and Procedures

MEDICATION CONSENT FORM

I understand Kidzone Child Care Services 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 FIRSTAIDER and one other member of club staff to administer the prescribed medication.

A separate form is required for each medication prescribed

All medicines must be in the original container as dispensed by the pharmacy

Please note that medication cannot be given by the FIRST AIDER if this form is not clearly completed and signed by the parent or guardian.

Please speak to the Play Leader/First aider if you have any questions.

Child's Name

AgeDate of birth

Medical conditions or illness.....

Date medication began..... Date treatment ends

Name of medication

Dose requiredFrequency required

Times when medication should be administered

Self administration Yes No (delete as appropriate)

Any known side effects the setting needs to know Yes No

If yes please give details.....

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Any other instructions.....

Special precautions.....

Name of G.P.....Telephone number of G.P.....

I understand that I must deliver the medicine directly to the First aider on duty (please see notice board)
I will inform the setting immediately, in writing, if there is any change in the dosage or frequency of the medication or if the medication is stopped.

Signature of Parent/Guardian

Print name.....

Telephone number.....

Mobile number.....

Date.....Agreed review date.....