

**Burrowmoor Out of School Club
Administering Medication Form**

**THIS FORM MUST BE FILLED IN BEFORE ANY PRESCRIPTION MEDICINE CAN BE
GIVEN TO THE CHILD. ONLY PRESCRIPTION MEDICINES CAN BE GIVEN**

Child's Name: _____

Childs Address: _____

Date of Birth: _____

Doctors Name: _____

Doctors Address: _____

Doctors Telephone Number: _____

Name/Type of Medication: _____

Expiry Date: _____

Dosage: _____

Start of Prescription: _____

End of Prescription: _____

I have read and understand the administering of medication policy. I hereby consent to the Deputy Co-ordinator, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

Signature of Parent/Carer: _____

Date: _____

If you have any questions or comments please get in touch with Teresa Stiles (OOSC Leader)
Members of staff at the Club will not be able to administer medication to your child if you do not complete and return this form. Under no circumstances will members of staff administer medication against the will of a child.

Name: _____

Address: _____

Date & Time Medicine Given	Dosage	Given By	Witnessed By	Parent / Carer to sign on Collection

If you have any questions please get in touch with Teresa Stiles (OOSC Leader)

MEMBERS OF STAFF ARE UNABLE TO ADMINISTER MEDICATION TO YOU CHILD IF YOU DO NOT COMPLETE AND RETURN THIS FORM. UNDER NO CIRCUMSTANCES WILL MEMBERS OF STAFF ADMINISTER MEDICATION AGAINST THE WILL OF THE CHILD.