Playzone kids club ltd Medication Consent Form

CHILDS FULL NAME: ……

I CONSENT FOR MY CHILD TO BE GIVEN {THE PRESCRIBED LABELLED MEDICINE}:

……

DATES TO BE GIVEN: ……

DOSAGE TO BE GIVEN: ……

TIME TO BE GIVEN: ……

TIME OF PREVIOUS DOSE GIVEN: ……

POSSIBLE SIDE EFFECTS: ……

……

……

EMERGENCY CONTACT TELEPHONE No: ……

ALTERNATIVE TELEPHONE No: ……

Permission given –SIGNED: ……

[PARENT/GUARDIAN.]

DATE	TIME GIVEN	TREATMENT/DOSAGE GIVEN	ADMINISTERED BY	WITNESSED BY	PARENT/GUARDIAN SIGNATURE

THE MEDICATION RECORD MUST BE SIGNED BY THE
PARENT OR GUARDIAN NAMED ABOVE AT THE END OF EACH SESSION.