



Medication Consent Form

I understand that the Newborough Kidz Club Ltd can only administer Medication prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

As the parent/guardian of the child named below, I give my permission for the Playleader 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.**

Newborough Kidz 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 staff cannot give medication if this form is not clearly completed and signed by the parent or guardian.

Please speak to the Playleader if you have any questions.

Child's Name Age Date of Birth

Date medication began Date treatment ends

Name of medication

Dose required

Frequency required

Times when medication should be administered

Time last given & by who Relationship to Child

Signature of Parent/Guardian

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Address

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Phone Number

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Date