



# Medicine's Form

Date

Part 1 – Parent to complete

Child's Name		Child's Date of Birth	
Start of Prescription		End of Prescription	
Name & type of Medication		Reason for administering this medication	
Dosage		Method of administration**	
Times to be given in the day*		Anything else to note	
Prescribing Doctors Name		Prescribing Doctors Tel. Number	

\*Please note that we can only administer any medications during the opening times of either Club.

\*\* We are not able to force any child to take any medications. I hereby consent to the delegated member of Staff of the Apex Club to administer the above medication according to the above instructions.

Signature of Parent / Carer ..... Date .....



## Medicine's Form

Date

Part 2 – Playworkers to complete

Checking points for Staff

- Carefully read the instruction details overleaf
- Check the child's details to ensure the right child – Name & DOB
- Check that the medication label for right child, right drug, in date, right dose, right route and right date & time
- Two members of Staff to witness all administering & initial this form after administration
- Ensure the medication is stored safely & correctly

Date & Time	Dosage	Administered by	Witnessed by	Parents/Carers Signature*

\* Parents/Carers you are signing to say that you have been informed when & what medications have been administered to your child.