

Fun 4U Club
40 Administration of Medication form.

Fun 4U Club
Saints and Scholars IPS.

ADMINISTRATION OF MEDICATION FROM

Child's Name			
Address			
Name of GP.			
Medicine Prescribed			
Dosage Required			
Times Dosage to be given			
Number of days dosage required.			
<p align="center">IMPORTANT:</p> <p align="center">The first dosage of this medicine must be administered by the parent / carer. Please also notify staff of any dosage given before coming to Fun 4U Club.</p>			
<p align="center">I authorise staff of Fun 4U Club to give my child the above-prescribed medication.</p>			
Signed : _____			
Date : _____			
Medication and Dosage	Given by*	Witnessed by*	Date / Time

* Please record full name - retain on file for further reference.

