



MARDEN PLAY SCHEME

Administering Medication Form

(please complete one form per child)

Child's Name:
Date of Birth:
Name/Type of Medication:
Dosage:
Start of Prescription:
End of Prescription:
Doctor's Name and Address:
Telephone Number:
Any other relevant medical information (ie Allergies, family medical history etc)
Parents/Carers Name:
Address:
Emergency Contact Number:
I hereby consent to the Manager, or delegated member of staff, administering the above medication according to the details given here and any other relevant advice.
Signature of Parent/Carer:
Date:

If you have any questions or comments please get in touch with the Manager. Members of staff of the Play Scheme 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. A separate form needs to be completed for each medication.