

Clubland Playscheme Ltd

Permission to Administer Medicine

I hereby give the Setting Manager of Clubland Playscheme Limited, authority to administer the following medicine at the prescribed dosage and times as follows:

Child's Name:

DOB:

Name of prescribed medicine:

No of tablets or approx fluid of medicine received:

Dosage required:

Frequency of medication:

Parent/Guardians Name:

Signature:

Date:

To be signed by Parent/Guardian at the end of each session as acknowledgement that medicine has been administered.

| Date | Time | Supervisor Signature | Supervisor's Name | Witness Signature | Parents/ Guardian Signature |
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Please sign to confirm that medication has been returned to parent/carer.

No of tablets returned or approx amount of fluid remaining:

Signature of Parent/Carer:

Signature of Supervisor:

Date: