

Medication Consent Form

All sections of this form must be completed by the parent or guardian of the child named.

This form will remain valid until **31 December 2020** but it will remain the parent/guardians responsibility to inform us of any changes prior to participation on each activity.

Name	
Date of Birth & Age	
Parent/Guardians Name	
Emergency Contact Number/s	
Name of Medication	
Reason for Medication	
Storage Instructions <i>Must be prescribed by a doctor, received in original container and marked with the child's name</i>	
Associated Symptoms/Side Effects <i>Any likely side effects should be discussed with a doctor to ensure the child is safe to participate in these activities.</i>	
Dosage Required & Time	

I _____ (your name) as **parent/guardian** of _____ (child's name) give permission for Avon Tyrrell Staff to administer or oversee the administering of the above medication to my child. The details I have provided on this form are, to the best of my knowledge, accurate at the time of completion.

Signature: _____ **Date:** _____

Medication Record

Ensure parent/guardian is made aware at the end of the day that the medication has been taken

What Medication was Administered and Why:	
Medication Administered By:	
Date & Time Medication Administered:	
Signature of Parent/Guardian on Collection	
What Medication was Administered and Why:	
Medication Administered By:	
Date & Time Medication Administered:	
Signature of Parent/Guardian on Collection	
What Medication was Administered and Why:	
Medication Administered By:	
Date & Time Medication Administered:	
Signature of Parent/Guardian on Collection	
What Medication was Administered and Why:	
Medication Administered By:	
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Signature of Parent/Guardian on Collection	
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Medication Administered By:	
Date & Time Medication Administered:	
Signature of Parent/Guardian on Collection	

Attach additional forms as required