

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 2021 but it will remain the parent/guardians responsibility to inform us of any changes prior to participation on each activity.

The consent form is designed to gain participant agreement to ensure we have enough information necessary to administer participation safely. We only ask for essential information and will always ensure we protect personal information in accordance with data protection laws.

| | |
|---|--|
| 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: | |
| 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 | |
| | |

Attach additional forms as required