



Stonehaven After School Club

Administration of Medication Form

All parents/carers must complete this form if they wish for SASC employees to administer any medication. SASC employees will not administer any medication without consent.

CHILD DETAILS –

Full Name:

Address:

.....

Postcode:

Gender: Male / Female (circle as appropriate)

Date of Birth:

Condition of illness:

MEDICATION –

Name/Type of Medication (as described on container):
.....

Strength of Medication (e.g. 500mg):

How long is the child to take this medication:

Date dispensed:

Date/time medicine was last administered:

FULL DIRECTIONS FOR ADMINISTRATING MEDICINE –

Dosage and method:

Time(s) to be administered:

Special precautions:

Side effects:

Self administration: YES / NO (circle as appropriate)

Procedures to take in an emergency:

.....



EMERGENCY CONTACT DETAILS –

Contact name:

Relationship to child:

Address:

Contact Number(s):

I understand that I must deliver the medicine personally to a member of SASC staff and that the medicine must be in the original packaging, clearly labelled with my child's name. I accept that this is an additional service which the Stonehaven After School Club is not obliged to undertake. I also confirm that I have given the first dose of this medication to my child.

Signed:

Name (Block):

Date:

.....
RETURN OF MEDICATION –

Date of return:

Quantity of medication returned:

Parent/Carer signature:

Staff Signature: