

PEELERS AFTER SCHOOL AND HOLIDAY CLUB

Medication form

I give permission for my child to be administered the following medication.

Childs name

Date of birth

Is this medication prescribed by a doctor?

Type of medication

E.G tablet, liquid, inhaler

Dosage of medication

Name of medication

As stated on box

Quantity

Expiry date

Length of course

Times medication is to

Be administered and

Dosage to be administered

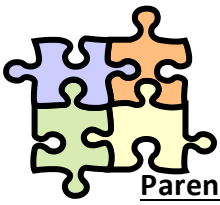
If as and when required

Symptoms shown

Eliburn Community Centre, Garden Place, Livingston EH54 6RA

Telephone: 01506 415492 Email: peelersasc@hotmail.com

Charity Number: SC029444 Company Number: SC246446



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Parent/ guardian's signature _____

Administered medication

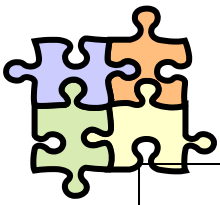
<u>DATE</u>	<u>TIME</u>	<u>DOSAGE ADMINISTERED</u>	<u>STAFF ADMINISTERING SIGNATURE</u>	<u>STAFF WITNESS SIGNATURE</u>	<u>PARENTS SIGNATURE</u>

IF MEDICATION WAS NOT ADMINISTERED WHEN REQUIRED WHY?

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