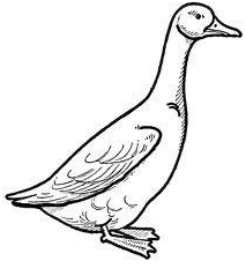


GOOSE



Medication Consent Form

I understand that the out of school club can only administer medication prescribed by a registered General Practitioner.

As the parent/legal guardian of the child named below, I give permission for the clubs trained staff to administer medication.

Please note all medication must be in its original container as prescribed by the pharmacy.

This form must be completed before medication can be given and signed by the appropriate adult.

Childs Name _____

Date of Birth _____

Medical Condition/illness _____

Date Medication began _____

Date Treatment Ends _____

Name of Medication _____

Dose Required _____

Frequency Required _____

Self Administration **Yes/No**

Any known Side effects _____

(Please give details) _____

Doctors name _____

Doctors Phone Number _____

Signature of Parent/Guardian _____