



**10 Station Road, Bexhill on Sea, East Sussex, TN40 1RE.**

### Administering Medication Form

Childs Name:
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Date of Birth:
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Name/Type of Medication:
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Dosage:
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Start of Prescription:
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End of Prescription:
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Doctors Name: Doctors Address: Doctors Telephone Number:
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Any other relevant information (ie: Allergies, family medical history etc):
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Parent/Carers Name: Address: Emergency Contact Number:
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I hereby give my consent to the Early Years Manager, Afterschool and Holiday Childcare Manager or Centre Manager, or a delegated member of staff, administering the above medication to the details given here and any other relevant medical advice.

Signature of Parent/Carer:	Date:
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If you have any other questions or comments please get in touch with the Early Years Manager, Afterschool and Holiday Childcare Manager or Centre Manager.

Members of staff will not be able to administer medication to your child if you do not complete and return this form.

Under no Circumstances will members of staff administer medication against the will of the child.

