



Medication to be given in Tree Top Holiday Club

Name: _____ Date of birth: _____

Medication

Name of Medication (as written on container):	Type of medication e.g. tablet/liquid/inhaler:
Exact Dose:	Method of administration:
Preferred time for Dosage:	
Special Instructions e.g. with food/after food etc:	

Details of Parent/Carer requesting medication to be given in school

Name:	Relationship to pupil:
Address:	Daytime telephone number(s):

You will be contacted if your child shows any adverse reaction to medication given in school.
If your child vomits or spits out the medication given, the dose will not be repeated.

I give consent for the nominated person(s) to administer the above medication.

Signature: _____ **Date:** _____