



Activities 4 Kids
Permission to administer medicine

Child's name:	Parent's contact no:	Reason for medicine:	Times to be administered:
Child's address:	Doctor's name:	Name of medicine:	Storage requirements:
Child's Date of birth:	Address of surgery:	Dosage:	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature:

Parent's name:

Date:

- Staff at Activities 4 Kids will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist.
- If you have any concerns or questions, please contact the Activities 4 Kids manager.