



Permission to give medication (L)

Child's Name

DOB

PLEASE
TICK ONE

Epi-pen

Allergy
medication

Inhaler

Other

All medication must be in the original container as dispensed by the pharmacy, which must show the child's name along with the prescriber's instructions for administering.

Attach care plan or complete below:

Medical diagnosis and condition	
Name & type of medication	
Details of dosage	
Symptoms and triggers	
Describe what constitutes an emergency for your child and the action to take if this occurs	
Any other medical information you think we need to know	
<ul style="list-style-type: none"> • Members of staff will not administer medication to your child without current permission. • Members of staff will not administer medication against the will of the child. • Medication will be administered under adult supervision. • Staff will record the medication administered on both the school and the club record. 	

Parent/Carer Name

Relationship

1. I give permission for Knutz Club staff to administer the medication detailed above.	Y / N
2. I give permission for Knutz Club staff to use the medication held in school for this child.	Y / N
3. I give permission for Knutz Club staff to access the care plan held in school for this child.	Y / N

Signature: _____

Date: _____



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Record of medication given

Day, Date & Time	Dosage Given	Staff Name & Signature	Parent Informed

For Club use:

Where is the medication kept? _____

Duration of permission Start Date: _____ End Date: _____

When this sheet is filled, or expired ask the parent to complete a new form.

File completed sheets in the child's record.