Plus Club Pre-School Medication administration form (short term requirement)

Name of Child:				DoB:		Address:	
Name of Requesting adult				Relationship to child:		Phone numbers:	
Condition:				Prescribed medication? yes / no		Special precautions / side effects:	
Medication required:				Dose and method:		Duration of medication:	
I understand that I must deliver the medicine to a member of Plus Club staff and accept that this is a service which Plus Club is not obliged to undertake. I confirm that the medication supplied is in the original container. I confirm that my child has already been taking this medication for a minimum of 48 hours and has not suffered any unwanted reactions or has taken a course of this medication on a previous occasion with no unwanted reactions.							
Signed (parent/gaurdian)				Date			
I agreed that I will endeavour to ensure that the child will receive the medication specified above.							
Staff name				Date		Signed (Plus Club staff)	
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Date required	Time due	Parent / carer signature	Date giver	n Time given	dose given	Administered by staff (signature)	Witness (staff)