

Medication Form



Child's name: _____

I hereby give permission for a member of staff at Kidz Club 6 to administer medicine to the above named child.

When and how to administer medicine: _____

Dosage to be given: _____

Signed: _____

Date: _____

The Club will label any medication with the child's name, dosage and instructions and the medication will remain in the original container.

Any and all medication will remain in locked storage.

The Club will maintain a medical book, showing all medication received and/or administered with the date and time, child's name and signature of the member of staff.

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