



**ADMINISTERING MEDICATIONS PERMISSION**

Please read Guidance Notes on the back page before completing this form. It is the responsibility of parents/guardians to give full and accurate information on their child's medical condition and medication requirement. If unsure, parents/guardians should seek advice from their child's GP.

**PART 1: Youth Club member's information**

Youth Club member's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

**PART 2: Medication information**

Name of Medicine: \_\_\_\_\_

Dosage to be taken: \_\_\_\_\_

Frequency of dosage: \_\_\_\_\_ Quantity supplied \_\_\_\_\_

GP's name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Method of Administration (eg to be taken with or without food): \_\_\_\_\_

Other relevant information: (eg does medication cause drowsiness, headache, rash, sickness or other: \_\_\_\_\_

Can your child Self-Administer their medication: YES  NO

**PART 3: Parent/Guardian Declaration**

I confirm that I have read the guidance notes overleaf and that I have given full and accurate information on my child's medication on this form. I hereby request and authorise the Youth Club Leaders named below to administer the medication outlined above to my child from \_\_\_\_\_ (insert date) until \_\_\_\_\_ (insert date). I understand that if child refuses to take their medication that I will be contacted and informed.

Senior Youth Leader 1: \_\_\_\_\_ Senior Youth Leader 2: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact phone no. 1: \_\_\_\_\_ Contact phone no. 2: \_\_\_\_\_