ADMINISTERING MEDICATION | FORM

DURING OUR WRAP AROUND CARE PROVISION, YOU MAY WISH FOR YOUR CHILD TO RECEIVE MEDICATION, IF NECESSARY. WE CAN ONLY ADMINISTER PRESCRIPTION MEDICATION WITH SIGNED CONSENT FROM THE PARENT. THE MEDICATION MUST BE IN THE ORIGINAL BOTTLE WITH YOUR CHILD'S NAME, NAME OF MEDICATION, THE DATE IT WAS PRESCRIBED OR UPDATED, AND DIRECTIONS FOR ITS ADMINISTRATION.

WE WILL ADMINISTER NON-PRESCRIPTION MEDICATION ONLY WITH A SIGNED CONSENT FORM FROM THE PARENT AND NOTE FROM THE DOCTOR (ON PRESCRIPTION PAD) STATING THE EXACT DOSE AND FREQUENCY OF ADMINISTRATION. PLEASE COMPLETE THE BELOW INFORMATION.

CHILD'S NAME:

MEDICATION REQUIRED:

STAFF MEMBER ADMINISTERING MEDICATION:

STAFF SIGNED:

IN SIGNING BELOW, I GIVE CONSENT FOR A MEMBER OF THE FIRST SPORTS COACHING TEAM TO ADMINISTER MEDICATION TO MY CHILD DURING THEIR STAY AT OUR WRAP AROUND CARE CLUB.

PARENT/CARER SIGNATURE:

PARENT NAME:

MEDICATION LOG:

DATE	TIME TAKEN	DOSAGE	STAFF SIGNED