



Sunrise Breakfast Club and Sunset After School Club Permission to administer medicine

Child's name:	Date of birth:
Child's address:	
Parent/Carer's contact no:	
Doctor's name:	Telephone no:
Address of surgery:	
Reason for medicine	
Name of medicine:	Storage requirements:
Dosage:	
Times to be administered:	

I give permission for medicine to be given to my child in accordance with the details above.

Parent/Carer's signature: _____

Parent/Carer's name: _____

Date: _____

- Sunrise and Sunset Club staff will only be able to administer medication to your child if you complete this form.
- Under no circumstances will member of staff administer medication against the will of the child.
- We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist. Note we can only prescribe medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions please contact the Junior school office.