



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

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|----------------------------|-----------------------|
| 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 administer medication containing aspirin if prescribed by a doctor.

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