

<u>Andover</u> <u>Permission to administer medicine</u>

Child's name:

Date of birth:

Child's address:

Parent's contact no:

Doctor's name:

Telephone no:

Address of surgery:

Reason for medicine:

Name of medicine:

Storage requirements:

<u>Dosage:</u>

Times to be administered:

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



<u>Staff at the KOT camp will only be permitted to administer medication to your child if</u> <u>you complete and return this form.</u>

• Under no circumstances will members of staff administer medication against the will of <u>a child.</u>

• Note that we can only administer medication containing aspirin if prescribed by a doctor.

Medication receipt log

Medication received on:

<u>Received by:</u>

Medication returned on:

<u>Received by:</u>

Medication received on:

<u>Received by:</u>

Medication returned on:

Received by:

Medication received on:

<u>Received by:</u>

Medication returned on:

<u>Received by:</u>

Medication received on:

Received by:

Medication returned on:

<u>Received by:</u>