



Yellow Birds Out of School Club at All Saints Church Hall
Medication Administration Consent Form

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of medication (including strength):	5. Amount/dosage to be given:	6. Route of administration:
7A. Frequency to be administered (e.g. times): _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____		
7C. Additional information. (Should medication be given with food or water): _____		
8A. Possible side effects: <input type="checkbox"/> Enclose original packaging and insert for complete list of possible side effects		
8B. Additional side effects: _____		
9A. What action should the child care provider take if side effects are become evident: Action (describe): _____		
9B. Emergency Contact Detail <input type="checkbox"/> Name: _____ Contact Number: _____ Relationship to Child: _____ <input type="checkbox"/> Name: _____ Contact Number: _____ Relationship to Child: _____ <input type="checkbox"/> Name: _____ Contact Number: _____ Relationship to Child: _____		
9C. General Practitioners. Name: _____ Telephone No: _____		
10A. Special instructions: <input type="checkbox"/> Enclose original packaging and insert for complete list of special instructions		
10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions): _____		
10C. When should medication not be administered: _____		
10D. Please specify where medication should be stored (e.g. refrigerator): _____		
11. Reason the child is taking the medication (unless confidential by law): _____		
Declaration I, parent/ legal guardian give my consent for (please delete) a member of the Yellow Birds 'Extended Schools' Provision staffing team/ _____ (child's full name) to administer the medication stated in section 4: _____ to my child named in section 1: _____. I also hereby declare that I have given all information regarding administration of this medication to the best of my knowledge and will inform the On-site manager of any changes, including changes of emergency contact or General Practitioner details.		
21. Parent or legal guardian's name (please print):	22. Date authorized:	
23. Parent or legal guardian Signature		