

## **Fun Lodge Ltd Medication Form 1**

If your child requires medication for an ongoing condition please complete this form.

Administration of certain medicines will be at the discretion of the Service Manager.

**Fun Lodge staff will not administer any initial dose of a new medication to a child.**

**This must initially be given by a parent/carer.**

Name of Child:	Date of Birth:
Address:	

**SECTION 1**

Condition/type of illness medication is required for: (please specify)

Name of medication:

Strength and form: (eg: tablets, syrup etc)

Initial dose given by:  Relationship:	Date:	Time:
Dosage instructions:		
To be given at (specify times): Date:   Time/s:		
Other instructions: (eg: to be taken before/ after food)		
Dosage Administered by, Staff member's name:  Witnessed by:  Date:   Time:		

**SECTION 2**

Doctor who prescribed medication

Name:	
Address:	Tel No:

### **SECTION 3**

I confirm that my child: \_\_\_\_\_ requires the above medicine(s) and,

a) I give permission for this to be administered by a Fun Lodge Ltd Staff member, who is non-medically qualified.

OR

b) I will arrange for a suitably qualified person to attend for this purpose.

I will inform you of any changes to the above information and will provide an appropriately labeled supply of the above medicine/s.

Name:	
Address:	Tel No:

If you cannot be contacted by phone please give the name and number of an emergency contact:

Name:	
Address:	Tel No:

Signature of parent/ carer: