

Fun Lodge Ltd Medication Form 2

If your child is prescribed a short-term course of medication and requires this to be administered whilst at Fun Lodge, 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: