

**Blue Bears Playscheme**  
**Permission to administer medicine form**

<b>Child's name:</b>	<b>Date of birth:</b>
<b>Child's address:</b>	
<b>Parent's contact no:</b>	
<b>Doctor's name:</b>	<b>Telephone no:</b>
<b>Address of surgery:</b>	
<b>Reason for medicine:</b>	
<b>Name of medicine:</b>	<b>Storage requirements:</b>
<b>Dosage:</b>	
<b>Times to be administered:</b>	

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

Parent's signature:

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Parent's name:

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Date: \_\_\_\_\_

- Staff at the [Out of School Club](#) will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact the [Out of School Club](#) manager.