



MOVE
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CoachUnlimited
PE and Sport



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Training



CoachUnlimited
Wraparound and Clubs

Medicine Permission Form

Name:		Date of birth:	
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Name of GP:		Tel:	
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Reason for medication:

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I consent to my child receiving the following medication at the club:

Medicine 1:		Expiry date:	
Dose:		Frequency:	
Medicine 2:		Expiry date:	
Dose:		Frequency:	

I undertake to ensure that the club has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctors is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

PLEASE NOTE: Whilst the club undertakes to see that your child receives the correct dose of medication at the right time, no member of staff can be held responsible if it is inadvertently forgotten. If any information on this form changes it is the responsibility of the Parent/Carer to ensure the information is updated. It is the parents/carers responsibility to ensure that all medication is within shelf life and is disposed of at the end of treatment.

ASTHMA/ANAPHYLAXIS REGISTER: If your child has either condition, their name will be added to the relevant register which allows us to administer emergency medication if required.

Signed:		Date:	
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DATE	TIME	DOSE/COMMENTS	STAFF	SIGNED



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