

PARENTAL REQUEST FORM FOR ADMINISTERING MEDICATION AT THE ASB STADIUM AFTER SCHOOL & HOLIDAY CLUB

I/We request that; (child's name) _____

(Address) ______ be given medication at the ASB Stadium After School & Holiday Club.

- 1. I/We accept that the above programme do not have a trained medical officer to administer medications.
- 2. I/We accept responsibility for the decision to give this medication to my/our child, and acknowledge the above programme is in no way responsible for that decision.
- 3. I/We also accept that the above programme cannot guarantee that the medication will be given at a precise time or by the same person although every endeavour will be made to do so.
- 4. I/We will notify the above programme about any changes to dose and recommended time when medication is to be given, and fill out a new request form.

Expiry date of medication (on container):			
Special storage requirements, i.e. in the fridge etc.			
Any side effects of medication:			
Name and phone number of GP or specialist:			
Parent or guardians phone number during Club hours:			
After hours:	Mob:		
Emergency Contact Number:			
Signed: Full Name:			

Relationship to Child: _____ Date: _____

Date	Time	Name of Medicine	Dosage	Name of Staff Administering Medicine	Signature of Staff	Parent Signature