

Weekend away medicine form



All Medicines must be in the original container as dispensed by the pharmacy. Medication cannot be given by staff if this form is not clearly completed and signed by the parent or guardian.

Room: _____

Date: _____

Childs name: _____

Age _____ D.O.B _____

Medical conditions or illness: _____

Name of Doctor: _____

Telephone no of Doctor: _____

Date Medication began: _____

Date treatment ends: _____

Name of Medication: _____

Dosage required: _____

Times when medication should be administered: _____

How many days should it be administered for? _____

(You must inform us immediately if there is any change in the dosage or frequency of the medicine or if the medication is stopped.)

Instructions of application: _____

Possible side effects: _____

Time of last dosage: _____

I, the parent/main carer of the child named above, give my permission for Kidzone staff to administer the medication as stated above. If the medicine is not prescribed I am happy for the staff to administer it without me having first sought medical advice.

Signature of parent/ carer _____

Print Name _____

Date _____

Expiry date of medication:

Maximum stated use:
(days and doses in a day)

