

Medication consent



Child's name

Date of Birth

Does your child have any allergies? Please specify:

.....
.....

Name of Medication	Dose	Times to be taken	Notes / Further Information

I give my consent for staff at the adventure playground to administer the above medication.*

Parent/Carer print name _____ Signature _____

Date _____

Staff signature _____ Date _____

*Staff can only administer prescribed medication to your child. This can be prescribed by a pharmacist.