



Culham After School Club

### **Medicine Record**

We require this form to be completed and returned before Culham After School Club staff are able to administer any medication.

Please note we are only able to administer prescribed medication that is clearly labelled with the child's name and the dosages required.

Child Name

Name of Doctor

Name of Medication

And expiry date

Dosage

Method of administration

Times at which medication is to be administered

Circumstances in which medication is to be administered (if for emergency use)

I confirm that the medication, dosage and timings indicated above are correct and authorise the setting to administer them.

Parent Signature and date