



**1. Important Information**

This form **MUST** be completed if your child requires medication whilst in attendance in the PCYC Outside School Hours Care Service. Please note all medication must be in the correct container and clearly labelled. Labelling must indicate child's name, required dosage and display a valid date. All medication must be handed to staff. Children cannot self medicate.

**1. Child's Details**

Family name (Please PRINT)

Given name(s)

Date of Birth

Day	Month	Year
/	/	

**2. Medication Details**

**Please Note: All prescribed and Un-prescribed medication will need a *Pharmaceutical Label* with *Child's Name* clearly printed.**

Is the medication prescribed (e.g. antibiotics, lotions) or un-prescribed (e.g. paracetamol, cough mixture)?

Prescribed  ⇒ *This form expires after 10 days*

Un-prescribed  ⇒ *This form expires after 1 day*

Name of Medication (as it appears on label)

Required Dosage

Date and Time medication to be given

**2. Medication Details - Continued**

Should medication be given:

Before food

With food

After food

Not applicable

Time last dose was administered

Reason for giving medication

Name of prescribing Doctor

Prescribing Doctor's telephone number

Special Instructions

**3. Parent's Authorisation**

I  Parent/guardian

Of

give permission for the staff at PCYC to administer the above medication.

Signature

Date



PRINT name

**Office Use:**

Day No	Dosage	Date Given	Time Given	Staff 1 Full Name	Initial 1	Staff 2 Full Name	Initial 2
1	A						
	B						
<i>Un-prescribed medications need a new form to be completed</i>							
2	A						
	B						
3	A						
	B						
4	A						
	B						
5	A						
	B						