**Nether Green After School Club**

**Medicine Form**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_**

**Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any possible side effects?.....................................................................................................**

**Prescribed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When Prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last dosage given at: \_\_\_\_\_\_\_\_\_\_\_**am/pm **Date: \_\_\_/\_\_\_/\_\_\_\_**

**Permission given: By Phone/ In writing By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please attach letter of permission to this form)

**Record of Medicine administration:** Bottom of sheet must be signed when sheet full.

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Dosage** | **First Aider Signature** | **Senior Witness Counter Signature** | **Parents Signature**  **(daily signing)** |
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**Parent’s/Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (end of sheet): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**