

Fleckney Out of School Club

Medical Form

Child's name:	Date of birth:
Doctor:	
Doctor's address:	
Doctor's telephone:	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)	
Does your child have any dietary requirements?	
Any other information relevant to your child's health	
Parent/Carer emergency contact telephone numbers:	

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed:

Date:

Fleckney Out of School Club

Permission to administer medicine form

Child's name:	Date of birth:
Child's address:	
Parent's contact no:	
Doctor's name:	Telephone no:
Address of surgery:	
Reason for medicine:	
Name of medicine:	Storage requirements:
Dosage:	
Times to be administered:	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature:

Parent's _____ name:

Date: _____

- Staff at the Club will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact the Fleckney Out of School Club manager.