

The Hollow Lane Club



c/o Ellen Tinkham School
Hollow Lane
Exeter EX1 3RW
01392 463823

Medication Consent Form (for After School Club)

All medications sent in for your child must have the prescription label attached to the bottle or container. It is the responsibility of the parent/carer to ensure that the medication is in date.

Name of child:.....

Your child (as named above) will be given the following medication (as described on the bottle/container). Please state the dose and time that this should be given.

Medication 1:

Dose: Time:

Medication 2:

Dose: Time:

Medication 3:

Dose: Time:

Does your child carry Rescue Medication with them?

Yes

No

If yes and your child attends Ellen Tinkham School, are you happy for the School Treatment Plan with consent to be photocopied and used during the Hollow Lane Club sessions
(please tick as appropriate)

Yes

No

Name of child:.....

I authorise any first aid to be carried out as necessary.

Allergies

Does your child have any known allergies e.g. plasters, diet

.....
.....
.....

Any other comments you wish to make:

.....
.....
.....

Signed:

Relationship to child:

Date: