

The Hollow Lane Club



c/o Ellen Tinkham School

Hollow Lane

Exeter EX1 3RW

01392 463823

email: admin@hollowlane.org.uk

Medication Consent Form for Saturday Club

All medications sent in for your child must have the prescription label attached to the bottle or container. We are unable to give medication not brought in this way. 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:**

Medication 4:

Dose: **Time:**

Medication 5:

Dose: **Time:**

Any other comments you wish to make:

.....
.....

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the Club is not obliged to undertake.

Name of child:

IT IS THE PARENT/CARERS RESPONSIBILITY TO PROVIDE ALL MEDICATION THAT MAYBE GIVEN DURING THE HOLLOW LANE CLUB SESSIONS

Is your child on Rescue Medication?

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

I authorise Calpol to be given to my child as and when staff feel appropriate during the Hollow Lane Club sessions.

I have provided a bottle of Calpol for my child with the prescription label attached.

I authorise any dressings to be applied as necessary.

Allergies

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

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Signed:

Relationship to child:

Date: