|  |
| --- |
| **CHILD’S DETAILS** |
| **NAME:**      | **DATE OF BIRTH:**      |
| **ADDRESS:**      |
| **TELEPHONE:**      | **MALE/FEMALE:**      |

|  |
| --- |
| **MEDICATION (INCLUDING INHALERS)** |
| **MEDICATION** | **TIME** | **DOSE** | **FULL DIRECTIONS FOR USE** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |  |
| --- | --- | --- |
| **HAS YOUR CHILD HAD ANY ALLERGIC REACTIONS TO ANY OF THE ABOVE MEDICATION?** | **YES**☐ | **NO**☐ |
| **IF YES PLEASE GIVE DETAILS:**      |
| **SIGNATURE:**      | **DATE:**      |
| **RELATIONSHIP TO CHILD:**      |

**BRIDGE TOGETHER STAFF CANNOT GIVE YOUR CHILD ANY MEDICATION UNLESS YOU COMPLETE AND SIGN THIS FORM**

**SIGNING THIS FORM GIVES CONSENT TO A QUALIFIED MEMBER OF STAFF AT BRIDGE TOGETHER TO GIVE THE ABOVE MEDICATION AS DESCRIBED**

**ANY MEDICATION HANDED OVER TO BRIDGE TOGETHER STAFF MUST BE PRESENTED IN THE ORIGINAL MEDICATION BOX WITH THE PRESCRIPTION LABEL CLEARLY VISABLE**

**BRIDGE TOGETHER STAFF WILL ONLY ADMINISTER MEDICATION AS INDICATED ON THE PRESCRIPTION LABEL**