|  |  |
| --- | --- |
| **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**