

Administering Medicine Consent Form



Childs Full Name

Date of Birth

KidzCamps UK Venue

My Child needs medicine for:

.....
.....

Type of Medication

Date for medicine to be given

Dosage and Frequency during day

Medicine prescribed by (please circle)

GP Pharmacist Nurse Dentist Other

*I hereby give permission that KidzCamps UK can administer the above medicine to my Child,
as and when required throughout the activity day*

Signed by Parent/Guardian

Name

Date

For KidzCamps UK Staff use....

I have administered the following medicine

With the following dosage

To

On this date

Signed by Coach

Coaches Name

Signed and approved by Parent/Guardian