



Chew Stoke Out of School Club

Medication Form

Child receiving medication: _____

Type of medication: _____

I agree that the child named above should receive the medication: _____ (Signature of parent/guardian)

Medication received from: _____ (Name of parent/guardian) _____ (Signature)

Medication accepted by: _____ (for CSOOSC) _____ (Signature)

At (time) _____ Amount received _____

Medication	Dose to be given	Time to be given	Dose Administered	Time Administered	Date	Administered by	Witness

Medication returned to parent/guardian:

At (time) _____ Amount received _____

Signature of carer (CSOOSC) _____

Signature of parent/guardian _____