



BANSTEAD 5 HOLIDAY FUN WEEK MEDICAL CONSENT FORM

Childs name.....DOB.....

PLEASE TICK APPROPRIATE BOX

- My child will be responsible for the self-administration of medicines.
- I agree to members of staff administering medicines/providing treatment to my child.

	Name of medicine	Dose	Frequency/times	Additional comments	
	Date	Time	Medicine given	Dose	Signature
1					
2					
3					
4					
5					

I hereby authorize and consent to an official adult helper of Banstead 5 holiday fun week administering or overseeing medication.

Signed.....(parent/guardian)

Date.....