



Medication Form

Portsmouth Daycamps

Medication Form

Important – notes and guidance for completing this form

- > Only a parent or a person with parental responsibility can complete this form
- > The signature is required of a parent or person with parental responsibility in the appropriate section. Without a signature medication cannot be administered by YMCA staff
- > It is the responsibility of the person completing this form to update YMCA staff on any changes to the information given
- > This form should be handed in by an adult with the appropriate medication at sign-in on the first morning
- > All medication needs to be labelled with the following information:
 - Child's name
 - Contact phone number
- > Multiple items of medication that are handed over must be contained in a clear plastic bag

Child's Details	
Name	
Date of birth	
Other information	

Medication Handover – week commencing: / / /		
Name of medicine	Time to administer	Amount to administer
Other information:		

Emergency Contact Details	
Name	
Relationship to child	
Phone number	
Phone number 2	
Other information	

Declaration	
<p>I have the authority to give consent for medication to be administered to _____ (full name of child) by an appropriate YMCA staff member.</p>	
Signed:	
Print name:	Date:

For use by YMCA Staff only				
Please check the following details prior to accepting medication				
Is the child's name on the medication?			YES / NO	
Is there a contact phone number on the medication?			YES / NO	
Has the medication been prescribed to the child?			YES / NO	
Is the medication still in date?			YES / NO	
N.B. Medication cannot be accepted or administered if the answer to any of these questions is NO				
Always have a witness when administering medication				
Date	Time	Medication	Administered by	Witnessed by