



## Permission to administer medicine

<b>Child's name:</b>	<hr/>
	<b>Date of birth:</b>
<b>Child's address:</b>	
<b>Parent's contact no:</b>	
<b>Doctor's name:</b>	<b>Telephone no:</b>
<b>Address of surgery:</b>	
<b>Reason for medicine:</b>	
<b>Name of medicine:</b>	<b>Storage requirements:</b>
<b>Dosage:</b>	
<b>Times to be administered:</b>	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Date: \_\_\_\_\_

- Staff at Beas Cheerleading will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist. Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact Berenese D'souza at Beas Cheerleading.