

Medical Consent Form

The following records will be maintained where a child attending Fun Zone has administered medication. All medicine must be administered either by the child, or by the parent, Fun Zone & Northampton Leisure Trust are not responsible for administering any medication unless in a life threatening situation.

Name of Child:

Date of Birth:

Parents Name:

Emergency Contact Details:

Doctors Name:

Doctors Contact Number:

Name of Medication:

Reason for Taking:

Start Prescription Date:

End Prescription Date:

Dosage:

Directions for Administration (Including specific times if appropriate):

Parents Signature:

To be completed by Fun Zone Staff:

Date Dosage was Administered:

Time Dosage was Administered:

Person who Administered Medication:

Signature of Person who Administered:

Witness Name:

Witness Signature: