

Template for request to administer medication for a child



Please complete this form to request that a church worker gives medication to a child or supervises a child's self-administration of medication. Please understand that no worker is obliged to do so, although many will be willing.

Event details

Name of group (or event/activity):

Venue:

Date (of event/activity):

Details of participant

Full name:

Address:

Date of birth:

Medical condition or illness for which medication is required:

Details of medication

Name of medication (as described on the container):

Date medication was dispensed:

Length of time the participant will take this medication:

Directions for use

Dosage – how much should be given and at what time of day?

Method - how should the medication be given?

Any special precautions?

Any known side effects?

Please discuss any emergency procedures with the group leader prior to the event.

OR

I give permission for the participant named on this form to carry the medication and administer it themselves, as necessary.

Name:

Signed:

Dated: