LITTLE LANES

OUT OF SCHOOL CLUB

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

Permission to handover medicine to Green Lanes school.

I give permission for medicine to be given to my child in accordance with the details above to be handed over to Green Lanes school.

Parent's signature:_____

LITTLE LANES

OUT OF SCHOOL CLUB

Parent's name:

_____

Date: _____

Staff at the Little Lanes will only be permitted to handover medication to your child if you complete and return this form. The school will also need to be made aware beforehand.

Under no circumstances will members of staff administer medication against the will of a child.

We can only handover prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist.

If you have any concerns or questions, please contact the Little Lanes manager.