Medication Form

Name of Child	
Parental Consent	I…….. give permission for a member of Westgate Wonders Care Club to supervise my child whilst taking the prescribed medication named below. Signed.....
Address	
Telephone Number	
Date of Birth	
Name of Medication	
Known side effects	

Date:	Name of Medication	Time taken	Amount taken	Staff Members (2)	Signature of Parent/Carer