



Appendix G

Model – Request to Administer Medication

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, though many will be willing.

Event details

Name of group (or event /activity)

Venue: Date (of event/activity):

Details of participant

Full name:

Address:

Gender: 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.

Details of parent / guardian / carer

Name:

Home phone No: Other phone No:

Email address:

If you do not have parental responsibility (e.g. if you are a foster carer / grandparent, etc) please give details of someone with parental responsibility:

Name:

Home phone No: Other phone No:

Email address:

Emergency Contact

Name:

Relationship to the child

Home phone No: Other phone No:

Email address:

Declaration of consent

Please note that these declarations must be signed by the parent of the participant named on this form, or by a person with parental responsibility for the participant.

I request and give consent for an adult worker to administer medication to the participant named on this form, in accordance with the information and instructions provided on this form. If relevant, I have provided written procedures for administering this medication in an emergency and will discuss these with the group leader before the event.

I undertake to give the medication personally to the group leader at the start of the event in a clear plastic bag with the participant name on it.

Name:

Signed: Dated:

OR

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

Name:

Signed: Dated: