

## REQUEST TO ADMINISTER MEDICATION TO A CHILD

M1

(to be completed by parent/carer/guardian)

**\*\* The staff of the cylch will not give medication to your child unless you return this form, completed, to the cylch\*\***

The name of the cylch: _____	
Child's name: _____	
Address: _____	
Date of birth: _____	
Illness or condition: _____	
Name/type of medication (see bottle/box): _____	For
how long will your child be on the medication: _____?	
Date medication commenced: _____	
Instructions: _____	
Size of dose: _____	
Time: _____	
Method of administering medication: _____	
Special requirements: _____	
Side effects: _____	
Arrangements in an emergency: _____	
Name, address and telephone number of contact person in an emergency: _____	
Relationship with child: _____	
I grant permission to a member of cylch staff to administer the above medication to _____ <span style="float: right;">(child's name)</span>	
I understand that I must give the medication to the cylch Leader personally, and that I must inform the cylch at once if there any changes to the information above.	
I testify that _____ has received instructions /training regarding. <span style="float: left;">(name of member of cylch staff)</span>	
how to administer the medication to this child.	
Name of parent/carer/guardian: _____ signature: _____ date: _____	
Name of member of staff: _____ signature: _____ date: _____	

**\*\* The cylch meithrin is not obliged to provide this service, and the cylch cannot guarantee it can meet the treatment's requirements if unexpected circumstances prevail, and the cylch cannot be held liable for any failings in the treatment \*\***