Gems Performing Arts - Permission to administer medicine

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:	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature:

Parent's name: Date:

- Staff at Gems Holiday Club will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist. Note that we can only administer medication containing aspirin if prescribed by a doctor.
- If you have any concerns or questions, please contact the Gems manager, Melissa or the Deputy manager, Marcella.