


**If completing this prior to attendance please print off,  
complete and hand in upon signing your child in**

		<b>Kids Arts Academy Parental Consent to Administer Medicine Form</b>	
<b>CHILD'S DETAILS</b>			
<b>SURNAME:</b>			
<b>FIRST NAMES:</b>			
<b>DATE OF BIRTH</b>			
<b>ADDRESS:</b>			
<b>SESSIONS ATTENDED:</b>			
<b>CHILD'S DOCTOR'S DETAILS</b>			
<b>NAME</b>			
<b>ADDRESS</b>			
<b>TELEPHONE</b>			
<b>DETAILS OF MEDICINE</b>			
Time of last administration prior to attendance at KAA			
<b>MEDICINE</b>	<b>DOSAGE</b>	<b>FREQUENCY</b>	
<b>REASON FOR ADMINISTRATION</b>			
<b>PARENTAL CONSENT</b>			
<b>I hereby acknowledge my consent for the above child to be administered the medicine described above:</b>			
<b>SIGNATURE:</b>			
<b>PRINT NAME:</b>			
<b>DATE:</b>			
<b>CONTACT NUMBER:</b>			
<b>CONSENT FOR EMERGENCY MEDICAL TREATMENT</b>			
In the unlikely event of your child needing emergency medical treatment while at the club, it would be helpful if you would sign below.			
I consent to any emergency medical treatment for my child necessary during the running of the club. I authorise the play care staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.			
<b>SIGNATURE:</b>			
<b>PRINT NAME:</b>			
<b>DATE:</b>			

**Kids Arts Academy Record of medicine administered to an individual child**

This form is to be completed by KAA staff and used in conjunction with Parental consent to administer medicine form

Name of member of KAA staff:	
Name of Child:	
Parents name	
Activity group at KAA:	
Date medicine provided by parent:	
Name and strength of medicine:	
Expiry date:	
Has the parent signed consent form to administer medicine?	<p>Yes/No</p> <p>If answer 'No' then we cannot administer medicine</p> <p>Staff signature:</p>

Time of Administration Whilst at KAA	Dose Given	Date	Signature of staff @ KAA who administered meds	Staff witness signature