Play in Ltd

Allergy Management Plan & Permission to Administer Medicine Form

Child's name:	**Date of birth:**
Child's address: **Parent's Name & Contact Number:**	
Doctor's name: **Doctor's address:**	**Telephone no:**
Allergy to / triggered by:	
Reactions / symptoms include:	
Name of medicine:	**Storage requirements:**
Treatment / Dosage: **Hospital or Doctors Medical Form attached to / with medication? Yes ☐ No ☐ (tick as appropriate)**	
Times to be administered:	
When was the last time this medication was given to the child:	
Does the child take any other medication, if so when was this last given:	
I give permission for medicine to be given to my child in accordance with the details above. **Parent's signature: _____** **Date: _____** • **Staff at Play in Ltd 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 (unless in an emergency situation).** • **Note that we can only administer medication containing aspirin if prescribed by a doctor.**	

This form should be filed in the Medical File.