

THE CLUBHOUSE PROJECT DAY SERVICE LTD

Parental consent for The Clubhouse Project Day Service Staff to administer medicine In accordance with Project's policy regarding the administration of medicines. The Clubhouse Project Day Service Ltd will not be able to administer medicine to your son/daughter unless you complete and sign this form.

Date:-

Adult's Full Name:-

Name and strength of medicine:-

Expiry date:-.....

Dose to be given:-

When to be given:-

Any other instructions:-
.....

Number of tablets/ quantity to be given to the project:-

Note: Medicines must be in their original container as dispensed by the pharmacy. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to The Clubhouse Project Day Service staff administering medicine in accordance with the Project's policy. I will inform the project immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's Signature:-

Print Name:-

Daytime phone number of parent/contact:-