



**ST MARY'S NERCWYS VOLUNTARY AIDED PRIMARY SCHOOL  
AFTER SCHOOL CLUB  
MEDICATION FORM**

Please note we can only give medication that is in date and for no longer than stated on the medicine bottle etc.

Name of child	
Type of medication	
Expiry date of medication	
Frequency of dosage of medication	
Details of when your child is to have this medication in after school club	
Reason for medication	

I (insert name of parent/guardian) .....  
give permission for the above medication to be administered to my child at the  
time/dosage and frequency as stated above.

Signed Parent/Guardian.....

Date.....

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**After School Club staff use only**

**The above medication was given / applied**

| Date | Time | Dose | Administered by | Signed |
|------|------|------|-----------------|--------|
|      |      |      |                 |        |
|      |      |      |                 |        |