



| Childcare | Breakfast Clubs | Lunch Clubs | PPA Cover | After School Clubs | Holiday Camps |

Administering Medication Permission Form

Child's Name: Date of Birth:

Medical condition:

Name and Type of Medication:

Dosage and Frequency of Medicine:

Start of Prescription (DD/MM/YY):

End of Prescription (DD/MM/YY):

Other relevant medical information (i.e. Allergies, family medical history):

.....

.....

Parents/Carers or Guardians Name:

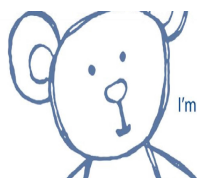
Address:

.....

Emergency Contact Numbers (Home and Mobile):

.....

I give my consent to a senior member of staff to administer the above medication according to the details given here and any other relevant medical advice which I have made clear to the Club Manager at Xtra Time.



I'm supporting Sands
to save babies' lives



Graded Good with aspects of Outstanding - Cassio Ofsted Report September 2018.

| Holywell Ofsted No: EY444153 | Cassiobury Ofsted No: EY535926 |

| WWW.XTRATIME.CO.UK | sportsservices@xtratime.co.uk | Tel: 07746945903 |

Sept 2025 - To be reviewed in Sept 2026



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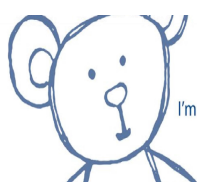
Signature of Parent/Carer:

Date:

Please Note: Members of staff at the Club will not be able to administer medication to your child if you do not complete and return this form.

Administration of Medication

Child's Name	Time of last dose	Date Time	Medication	Dosage Given	Administered By	Witnessed By	Parent / Guardian Signature



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