

**SPROCKETS! HOLIDAY CLUB
MEDICATION and AUTHORISATION FORM**



*This must be printed off and filled in and included with your child's medication.
Medication needs to be in a container or a secured bag clearly labelled with your child's name.*

Child's Name			
Child's Date of Birth			
Parent's Name			
Health/medical condition			
Could your child experience an emergency reaction in relation to this condition?	<table border="0"> <tr> <td style="padding: 0 20px;">Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
Medication			
Administration details eg. amount and time			
Are there any specific storage requirements?			
I give my permission for Sprockets! Holiday Club to administer the above medication to my child.	Parents Signature: Please print name:		
Date			

