

Funshine Afterschool Club Parent Medication Consent Form

Child's Full Name:	
Date of Birth:	
Parent/Guardian Name:	
Contact Number:	

Medication Information

Name of Medication:	
Reason for Medication:	
Prescribed by:	
Dosage:	
Time(s) to be Administered:	
Special Instructions:	
Start Date:	
End Date:	

Parent/Guardian Consent

I permit Funshine Afterschool Club staff to administer the listed medication to my child as instructed. I understand that all medication must be in its original packaging with clear instructions from a healthcare professional.

I acknowledge that Funshine Afterschool Club cannot be held liable for any adverse reactions.

Please note:

- Parents must provide all medication clearly labelled with the child's name and dosage.
- Any changes to the medication or dosage must be communicated in writing.
- Funshine Afterschool Club staff are not authorised to administer over-the-counter medication without a prescription.

Parent/Guardian Signature: _____ Date _____