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**Parental agreement for Simonside Outdoor Adventure to administer medicines other than paracetamol, antihistamine, travel sickness. (these are covered in the consent form)**

**This form is to be used in conjunction with consent/registration form.**

SOA will not give your child medication unless you complete and sign this form.

|  |
| --- |
| Name of person concerned |
| Name of medication,  | 1 | 2 | 3 |
|  |  |  |
| Date of expiry of medication |  |  |  |
| Dosage |  |  |  |
| What time to given? |  |  |  |
| How is this medication to be taken? |  |  |  |
| Does the person self-medicate, or do they require assistance? |  |  |  |
| Is this a controlled drug? |  |  |  |
| How is the medication to be stored? (e.g. kept refrigerated) |  |  |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to SOA staff administering medicine in accordance with the healthcare/doctor’s prescription. I will inform SOA of a change regarding this medication including dosage or frequency of the medication.

|  |  |
| --- | --- |
| Parents/Carers name: | Date: |
| Parents/Carers Signature: |

This section of the form is to be used by staff to record when any medication has been administered by staff or observed individual taking it.

**Medication 1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff to sign |  |  |  |  |  |  |  |  |
| Medication |  |  |  |  |  |  |  |  |
| Date Administered |  |  |  |  |  |  |  |  |
| Time administered |  |  |  |  |  |  |  |  |
| Route |  |  |  |  |  |  |  |  |
| Dose administered |  |  |  |  |  |  |  |  |

**Medication 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff to sign |  |  |  |  |  |  |  |  |
| Medication |  |  |  |  |  |  |  |  |
| Date Administered |  |  |  |  |  |  |  |  |
| Time administered |  |  |  |  |  |  |  |  |
| Route |  |  |  |  |  |  |  |  |
| Dose administered |  |  |  |  |  |  |  |  |

**Medication 3**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff to sign |  |  |  |  |  |  |  |  |
| Medication |  |  |  |  |  |  |  |  |
| Date Administered |  |  |  |  |  |  |  |  |
| Time administered |  |  |  |  |  |  |  |  |
| Route |  |  |  |  |  |  |  |  |
| Dose administered |  |  |  |  |  |  |  |  |

This form must be attached to individuals consent form and stored in the same manner in accordance with GDPR.