

FORM: KIDZ – 03 v4
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MEDICATION MANAGEMENT FORM

Initial Issue: 1 October 2009
Updated : 11 August 2015

PCYC Policies & Procedures

Club Name _____

Allergy, Illness and Dietary Requirements Management Plan

Details	Child 1	Child 2	Child 3
Child Full Name:			
Details of allergy, illness, or dietary needs			
Details of Management			
Consulting Doctors Name			
Consulting Doctors Phone			

Parent/Guardian Certification

Please read the following statements carefully prior to signing and dating this Certification

I/We give permission for my child(ren)'s photo and details regarding my/our child(ren)'s allergy, illness, or dietary needs to be displayed at the centre. (Please note that personal details such as phone numbers will not be displayed.)

Parent/Guardian 1

Parent/Guardian 2

Date

Date

Please attach an Emergency Management Plan from your doctor if applicable.

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Medication Form

This form is for use where medication is to be administered daily, or in response to health concern/s.

Details	Child 1	Child 2	Child 3
Child Full Name:			
Reason for Medication			
Name of Medication			
Dosage Required:			
Time of Dosage:			
Consulting Doctors Name			
Consulting Doctors Phone			
Known Side Effects (if any)			
Additional Comments			

Parent/Guardian Certification

Please read the following statements carefully prior to signing and dating this Certification

I/We request that my/our child(ren) listed above be allowed to take medication cited here. I/We understand and agree that it is my/our responsibility to inform PCYC KidzCare staff of any changes involving the administration of the medication. I/We accept full responsibility for the administering of this medication and the staff at PCYC KidzCare are only doing so under my/our instructions.

Parent/Guardian 1

Parent/Guardian 2

Date

Date

