

Splash Medication Consent Form



info@splash-wiltshire.org.uk www.splash-wiltshire.org.uk 01380 732829

To be completed by a parent or guardian if a young person attending a Splash project needs to take medication whilst at the project.

Name of young person who will need to take medication whilst at the project:

Name of medication:	Medical condition:		
Date(s) when medication needs to be taken:	Time medication needs to be taken:	How much medication needs to be taken?	Was medication taken as per instructions given?

To ensure the safety of all young people during a Splash project, medication should be given to a member of the Splash team at the start of each day, in its original packaging. It will be given back to the young person at the required time for the young person to administer themselves. Splash staff and facilitators are not qualified to administer any medication.

Signed: _____ Print name: _____ (parent/guardian)

Contact number: _____ Date: _____

Please return this form to: Splash Wiltshire, Unit C2, Beacon Business Centre, Hopton Park, Devizes, SN10 2EY|01380 732829| www.splash-wiltshire.org.uk



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