Splash Medication Consent Form



(parent/guardian)

01380 732829

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

To be completed by a parent or guardian if a young	person attending a Splash	project needs to take m	nedication 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	How much	Was medication
, ,	needs to be taken:	medication needs	taken as per
		to be taken?	instructions given?
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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.			
	nt name:		(parent/guardian)
(parentiguaratan)			
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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Print name:

Please return this form to: Splash Wiltshire, Unit C2, Beacon Business Centre, Hopton Park, Devizes, SN10

Date:



Contact number:

Signed:

administer any medication.

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