

If completing this prior to attendance please print off, complete and hand in upon signing your child in

	REIKI the PEOPLE Parental Consent to Administer Medicine Form
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CHILD'S DETAILS

SURNAME:

FIRST NAMES:

DATE OF BIRTH ADDRESS:

NAME ADDRESS:

TELEPHONE:

SESSIONS ATTENDED:

CHILD'S DOCTOR'S DETAILS

NAME:

ADDRESS:

TELEPHONE:

DETAILS OF MEDICINE

**Time of last administration prior to attendance
at REIKI the PEOPLE:**

MEDICINE:

DOSAGE:

FREQUENCY:

REASON FOR ADMINISTRATION

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PARENTAL CONSENT

I hereby acknowledge my consent for the above child to be administered the medicine described above:

SIGNATURE:

PRINT NAME:

DATE:

CONTACT NUMBER:

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the unlikely event of your child needing emergency medical treatment while at the club, it would be helpful if you would sign below. I consent to any emergency medical treatment for my child necessary during the running of the club. I authorise the play care staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

SIGNATURE:

PRINT NAME:

DATE:

