

## **MEDICATION DISCLAIMER**

## Reviewed September 2025

At Rhino we are aware that some medication needs to be administered at specific times. To safeguard your child and our company, we ask that you fill in the details below to the best of your knowledge. Once details have been completed, the staff member administering the medicine must date and sign the form.

We will only administer medicine that has been prescribed by a GP, and has clear details of the child, medicine name and the dosage amount.

Child's full name:
Name of medicine to be administered:
Dosage and time to be administered:
give permission for Rhino staff to administer my child with thei medicine.
also confirm that I am not aware of any side effects that this medicine may cause my child.
Name:
Signature:
Date:

Date	Time	Name of Medication	Staff	Member	administering