



2 Penrose Place, Skelmersdale, Lancashire, WN8 9PR. E-mail: admin@midstream.org.uk

Dear Parent/Carer,

You have requested that we cease administering medication to:

_____ (Client Name)

Please complete the form below giving your written authority to stop administering medication and return it to KERRIE FATH or HAYLEY JACOBSEN immediately.

Thank - you

Client Medication Stop Form

I hereby authorise the staff at Midstream to stop administering medication as follows:

Client's Name: _____

Name of Medication: _____

Administration Quantity: _____

Administration Times: _____

Administration to **stop** on (date): _____

Reason to stop: _____

Parent/Carer Signature: _____

Date: _____

NO ELECTRONIC SIGNATURES ACCEPTED. PLEASE SIGN BY HAND, THEN SCAN AND E-MAIL or SCAN AND POST.

THANK - YOU