



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

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## 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**