

**Options Supported Holidays Ltd**

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 South Cerney  
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Office Hours: *Monday to Friday* 9:30am – 4:30pm

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## MEDICATION INFORMATION FORM - DO NOT SEND TO OUR OFFICE!

**HAND THIS FORM TO THE HOLIDAY LEADER when you arrive for your holiday.**

If we will manage your medication, it **MUST** be packaged in blister / dosette packs unless agreed in advance.

Date form completed:	Name of person completing this form:
Client name:	Holiday name:
Date of birth:	Allergies:
<i>EITHER:</i> I have <b>not brought</b> any medication on this holiday.	
<i>OR: Self-medicate</i> – I confirm I will look after and take my own medication (including PRN) without staff present. Options supporters are not responsible for ensuring I take my medication correctly.	
<i>OR: Full support with medication</i> – Options holiday supporters will hold and administer my medication as directed below – including PRN.	

Medication name	Reason for taking medication	Dose / quantity	Description (tablet, capsule, colour, shape)	Taken before or after food	Time taken	Other information

