



MEDICAL CONSENT FORM

This part is to be completed by the Parent/Caregiver

I give consent for medicines to be administered to:

Details of dosage, administering instructions, etc.:

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.....
.....

Dates to be administered: From: To:.....

Signed by Parent: Date:.....

Date	Time	Name of Medicine	Dosage	Name of Staff Administering Medicine	Signature of Staff	Signature of Parent

