

MEDICAL CONSENT FORM

Childs name for medicines administered: _____ Venue: _____

Details of dosages, times, instructions etc:

Dates to be administered from: _____ to _____

Signed (Parent) _____

Signed (Staff member) _____

Date	Time	Medicine name	Dosage	Staff Member	Sign – Staff	Sign – Parent

This log must be signed off everyday after each medicine has been administered by the staff member and the parent when picking up of child.

