Attach photo here

Medication Consent Form

Consent for Medication for: _____

Please give details of medication, dosage etc

_____

_____

Date Administered From: _____ To: _____

I consent to programme staff administering the above medicines to my child.

Signed: _____ Date: _____

STAFF						
Date	**Time**	**Name of Med.**	**Dosage**	**Administered by**	**Checked by**	**Signature of Guardian**

STAFF						
Date	Time	Name of Med.	Dosage	Administered by	Checked by	Signature of Guardian