

## MEDICINE CONSENT FORM

Name of child \_\_\_\_\_ Class \_\_\_\_\_

Medicine \_\_\_\_\_ Single dosage \_\_\_\_\_  
(quantity e.g. 5ml)

Time and date of administration \_\_\_\_\_

Name of parent \_\_\_\_\_

Parent's signature \_\_\_\_\_

Signature of administrator \_\_\_\_\_ (to be signed after medicine  
has been given)

### ADDITIONAL DOSES

Dates to be completed by parent/carer if the above prescribed course of medicine needs to be completed.

Date \_\_\_\_\_ Signature of administrator \_\_\_\_\_

Date \_\_\_\_\_ Signature of administrator \_\_\_\_\_

Date \_\_\_\_\_ Signature of administrator \_\_\_\_\_

Date \_\_\_\_\_ Signature of administrator \_\_\_\_\_