

MEDICINE CONSENT FORM

To be completed by parent/caregiver

Please complete this form and hand it to a Resource Centre/KatiKids staff member, with the medication. Medicine will be kept out of reach of children at all times. It is the responsibility of the parent/caregiver to reclaim any unused medicine from a staff member when collecting your child.

Childs Name:

Date:

Name of Medicine to be administered

Dosage required:

Time to be administered:

Any further instructions/comments:

Parent/Caregiver signature:

To be completed by administering Resource Centre Staff member

Medicine administered:

Dosage:

Time given:

Administered by (please print):

Any comments:

Administering Staff Member signature:

MEDICINE CONSENT FORM

To be completed by parent/caregiver

Please complete this form and hand it to a Resource Centre/KatiKids staff member, with the medication. Medicine will be kept out of reach of children at all times. It is the responsibility of the parent/caregiver to reclaim any unused medicine from a staff member when collecting your child.

Childs Name:

Date:

Name of Medicine to be administered

Dosage required:

Time to be administered:

Any further instructions/comments:

Parent/Caregiver signature:

To be completed by administering Resource Centre Staff member

Medicine administered:

Dosage:

Time given:

Administered by (please print):

Any comments:

Administering Staff Member signature:

