

MEDICAL CONSENT FORM

Child name _____

Date(s) for administration _____

Parent / Guardian / Caregiver name _____

Emergency contact number _____

Staff member name _____

Medication to be administered _____

Dosage to be administered _____

Time(s) to be administered _____

Method of administering _____

Family physician /doctor (if applicable) _____

Family physician / doctor contact _____

I authorise Kids Club personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Signed - Parent/guardian/caregiver

Date

Administration:

Date _____ Time _____ Dose _____ Signed _____

Date _____ Time _____ Dose _____ Signed _____

Date _____ Time _____ Dose _____ Signed _____

Date _____ Time _____ Dose _____ Signed _____

Date _____ Time _____ Dose _____ Signed _____