

Medication Consent Form

Request by MASH



Parent/Caregiver - Child Medication Details (one form per child)

Child's Full Name: _____ Date: ____ / ____ / 20____

Parent/Caregivers Full name: _____

Date to start administration: ____ / ____ / 20____

Date to end administration: ____ / ____ / 20____ OR *until further notice*

Dosage to Administer: _____

Daily frequency: ONCE TWICE THREE FOUR (*circle one*)

Initial Dose Supplied: _____

What is the medication for: _____

Medical Practitioners name and number: _____

Parent/Caregiver Declaration

I hereby declare the above information to be true and correct. I consent to the above medication being administered to my child by a Site Manager while they attend a CASPA programme.

Parent/ Caregiver Full Name: _____

Signature: _____

SEE REVERSE FOR DOSAGE ADMINISTRATION RECORD

