## **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

## **Medication Dosage Administration Record**

Child's Full Name:	ıll Name:						
Dosage to Adminis	ter:						
Daily frequency:	ONCE	TWICE	THREE	FOUR	(circle one)		

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MY	AFTER	SCHOOL	HEADQUARTERS

Date	Time	Dosage Given	Site Manager Name	Site Manager Initials	Parent/Caregiver Name	Parent/Caregiver Signature