

## MEDICINE CONSENT FORM

Child's	Name:						
Child's	Date of	Birth:					
Details	of Medic	cal Condition i.e.					
what medicine is for.							
Name of Medicine: (If more than							
one plea	ase fill o	ut a separate					
form pe	r medici	ne)					
•	of Medi						
Route for administration of			Oral (by	Oral (by mouth) topical (rub in) inhale			
medicine (circle correct one)				Other			
•	cy of do	0					
times to be given:							
		nation e.g. side					
effects or special precautions:  Printed name of parent:							
Parent's Contact Number:							
**Signature of parent or							
guardian authorising administration medicine:							
		nedicine:					
**Date:  ** Signature of Camp							
Coordinator/Programme Manager							
**Date	ET						
	Jamas (it	f attanding samm	\				
Group Name: (if attending camp)			)				
For Office Use Only:							
Record of medicine given							
**First check when medicine was last given							
Date:	Date: Time Dose given		Signature of person who gave		Si	Signature of witness	
			medicine		(w	here applicable)	
	•						
Outcome record							
(for temperature rechecks / whether tolerated / adverse/allergic reactions, or other )							
Date: Time Comment Any action taken Signature of person							
Date. Time Commen			∠11 <b>t</b>	Any action taken Sig		orginature or person	
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