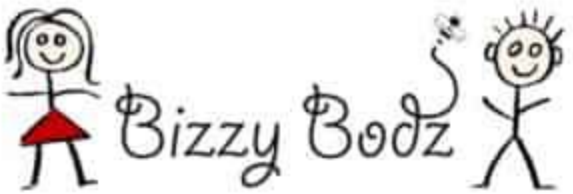


Medical Consent Form

This part is to be completed by the Parent/Caregiver

I give consent for medicines to be administered to:

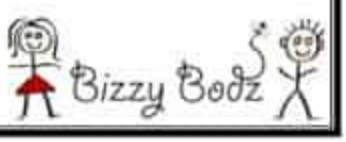
Details of dosage, administering instructions, etc.:

.....

....

....

Dates to be administered: From: _____ To:.....

Signed by Parent: _____ Date:.....

Date	Time	Name of Medicine	Dosage	Name of Staff Administering Medicine	Signature of Staff	Signature of Parent