Medication Consent Form – Forest Lakes Holiday Camp

<u>This part is to be completed by the parent/caregiver</u> (not required if no medication to be given)

Consent for medication to be administered for .....

Date medication to be administered from: ..... to .....

Details of Medication (please include name of medication, dosage and frequency)

.....

.....

.....

.....

Please attach additional sheet if required

Signed ..... (Parent/Caregiver) Date .....

<u>This Part to be completed by camp staff</u>

Date	Time	Medication	Dosage	Staff Member Administering Medication