BOSCO
Beckenham Out of School Care Organisation

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MEDICATION CONSENT FORM

This part to be completed by the parent/caregiver:

Childs Name: _____

Name of medication to be given: _____

Dose required: _____

Any administering instructions or other things we should know: _____
_____
_____
_____
_____

Date to be administered from: _____to:_____

Signed (parent/caregiver):_____Date:_____

Date	Time	Name of medicine	Dosage	Signature of Supervisor administering medicine	Signature of staff member present	Signature of parent