MEDICATION CONSENT FORM

Medication will only be administered by the Team Manager to the participant with parents' consent.

PARTICIPANT DETAILS	
Name:	
Date of Birth:	
Condition / Illness:	

MEDICINE DETAILS	
Name of Medicine (as described on container)**:**	
Date commenced:	
Completion date and time:	
Most recent dose administered at home (date and time)**:**	

FULL DIRECTIONS FOR USE	
Dosage:	
Times to be administered:	
Any known drug allergies:	
Special Instructions:	

CONTACTS IN CASE OF EMERGENCY:	
Name:	
Relationship to Participant:	
Address:	
Contact Telephone Number:	

I understand that:

- I must deliver the medication directly to the Team Manager
- If no Team Manager is available, then the medication will not be given and I will be informed
- I am undertaking to advise the Team Manager immediately of any change for treatment prescribed by my doctor or hospital.

SIGNATURE OF PARENT / CARER:	
Signature	
Date:	
Relationship to participant:	