Medical Consent Form

Hataitai After School Care Inc.

Consent for Medication is for : (Childs Name)_____

Please give details of medication below.

Name of Medication	Dosage	Time medication is to be administered

Date Administered from ____/___/_____ to ____/___/_____

I consent to HASCI staff administering the above medicines to my child.

*Signed*_____

Date: ____/___/_____

Parent/Caregivers name _____

HASCI Manager Signed_____

Staff Medication Administration Register

Date	Time	Name of Med.	Dosage	Administered by. (staff name)	Checked by (staff name)	Signature of Guardian