



Medical Consent Form 2025

Child's name	
Child's date of birth	
Details of medical condition, i.e what the medicine is for?	
Name of medicine (If more than one, please fill out a separate form per medicine)	
Dosage of medicine	
Route for administration (Please circle the correct option)	Oral (by mouth) Topical(rub in) Inhale EpiPen Other:
Frequency of dosage or times to be given	
Any other information eg side effects or special precautions	
Administering medication in the event of an emergency	Provide Details (Medication, where it is kept, when to administer)
Printed name of parent/guardian	
Parents/guardians' contact number	
** Signature of parent/guardian authorising administration of medicine, including in the event of an emergency	
**Date	
** Signature of camp coordinator/program manager	
** Date	
Group name (if attending camp)	

For office use only

Record of medicine given				
**First check when medicine was last given				
Date	Time	Dose given	Signature of the person who gave the medicine	Signature of witness (where applicable)

Outcome record				
For temperature rechecks/whether tolerated/adverse allergic reactions, or other				
Date	Time	Comment	Any action taken	Signature of the person