

CONSENT FORM

(If more than two children you can simply photocopy, complete and attach additional sheets with child's details)

1. Name of Child: _____
 Date of Birth: _____
 Medical Condition(s) of Concern: _____
 Signs and/or Symptom(s) to Watch for: _____
 List the Child's Medications, Prescription and Over-the-Counter:
 Medication: _____ Dose: _____
 How Given: _____ When Given: _____
 Special Instructions (to be taken with, etc.): _____
 Possible Side Effects: _____

2. Name of Child: _____
 Date of Birth: _____
 Medical Condition(s) of Concern: _____
 Signs and/or Symptom(s) to Watch for: _____
 List the Child's Medications, Prescription and Over-the-Counter:
 Medication: _____ Dose: _____
 How Given: _____ When Given: _____
 Special Instructions (to be taken with, etc.): _____
 Possible Side Effects: _____

I give permission for _____ ("Babysitter / nanny") to administer medicine(s) to the child(ren) named above in the manner described above.

Where the babysitter or nanny is unable to contact me or it is otherwise impracticable to contact me, I authorise to:

- consent to my child(ren) receiving such medical or surgical attention as may be deemed necessary by medical practitioner.
- administer such first-aid as may judge to be reasonably necessary.
- take the appropriate measures including contacting emergency services and arranging for transportation by ambulance to the nearest hospital to receive the appropriate level of care as determined by qualified medical professionals.

Parent/Legal Guardian's Name: _____

Contact Numbers: _____ on _____ (hours/days)
 _____ on _____ (hours/days)

Parent/Legal Guardian Signature: _____ Date: _____