

# Ongoing Medical Consent form & administration record - School Age

This form should be completed when ongoing medication is to be administered regularly for an ongoing condition that the child may present with e.g. Asthma and the administering of an inhaler for same.

This consent form is seeking parental/guardian consent to administer medium to longterm medication for their child for a period of 60 days. All details should be completed in full. A new form must be completed after 60 days.

<b>Childs Name</b>	<input type="text"/>	<b>D.O.B.</b>	<input type="text"/>	<b>Name of Medication</b>	<input type="text"/>
<b>Medication dose</b>	<input type="text"/>			<b>Type of Medication</b>	<input type="text"/>
<b>Medication duration</b>	<input type="text"/>			<b>How is the Medication to be given</b>	<input type="text"/>
<b>I would like the medication to administered by:</b>	My Child (under staff supervision) <input type="checkbox"/>		By a staff member of Scamps & Scholars <input type="checkbox"/>		

I the undersigned give permission to the management and staff of Scamps & Scholars to administer the above listed medication in the manner detailed above for a period of up to 20 days. I understand that should this situation change at any time in the future it is incumbent upon me to inform Scamps & Scholars in writing of any such changes in the medication or the administration of same. You as the parent guardian must sign daily to indicate your knowledge & consent for the daly medication administered. At the end of 20 days a new form is to be completed.

<b>Parent/Guardian Signature</b>	<input type="text"/>	<b>Parent/Guardian Print name</b>	<input type="text"/>
<b>Staff signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>

Time of administration	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7	Date 8	Date 9	Date 10
1										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										
2										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										
3										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										
4										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										

Time of administration	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7	Date 8	Date 9	Date 10
1										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										
2										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										
3										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										
4										
Reason for medication										
Medication amount										
Signed Staff 1										
Signed staff 2										