



If more children in your care you can simply photocopy, complete and attach additional sheets with child's details.

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)

_____ on _____ (hours/days)

Parent/Legal Guardian Signature Date

Date_____