

Consent for Administration of First Aid Medicines

Name: _____ Date of Birth: _____

I give permission for my child, _____, to receive emergency medicines for common ailments such as pain, fever, allergy, cough, cold etc. or administer first aid like, band aids, ointments/creams/lotions etc., by the adult caretakers in Vivaan. I also given consent to give generic equivalent medications.

We are aware that administration of such medicines are given in good faith and Vivaan is not liable for any consequence arising out of administration of such medicines/first aid.

Parent/Guardian Signature _____ Date _____