

Medication Authority and Administering Form

MEDICATION AUTHORITY – to be completed by the parent/guardian

Childs Name: Date of birth:

Name of medication: Expiry date:

Reason for medication:

Medication storage instructions (e.g. to be refrigerated):

Please indicate how long this medication needs to be administered:

- Today only – todays date:
- 2 or more consecutive attendance days (e.g. antibiotics) Start date: Finish date:
- Ongoing, regular medication (e.g. ventolin) Start date:

DETAILS OF ADMINISTRATION

Staff will only be able to administer medication if it is received in the original packaging, with a chemist label attached stating the child’s name and dosage. All medication is administered under adult supervision.

My child can self-administer his/her own medication? YES NO

Medication to be administered: Dosage: Time:

Circumstances of administration: Please circle: Before food / with food / after food

Prescribing Doctor’s Name: Phone no:

Letter from doctor/medical management plan provided? NO YES

Parent/guardian name: Phone no:

Signature: Date:

Educator receiving medication:

Signature: Date:

Coordinator signature: