

Authorisation to Administer Medication	Allergies
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Photo of child to be inserted here by the Service</p> </div>	<p>Medication Authority – to be completed by the parent/guardian</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Name of medication: _____ Expiry Date: ____/____/____</p> <p>Reason for medication: _____</p> <p>Medication storage instructions (eg: must be refrigerated): _____</p>

Please indicate how long this medication needs to be administered:

Ongoing, emergency medication (eg: 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 their own medication

Yes No

Medication to be administered: _____ (dosage as per Anaphylaxis Care Plan)

Circumstances of administration (please circle): Not applicable / before food / with food / after food

Prescribing Doctor Information

Doctor Name: _____

Phone Number: (____) _____

Letter from doctor / medical management plan provided:

Yes No

Parent/Guardian printed name:	_____
Parent/Guardian Signature:	_____
Contact Number:	_____
Date:	____/____/____

Medication has been received in **original packaging**, with a **chemist label attached** stating the **child's name and dosage**.

Nominated Supervisor signature: _____ **Date:** ____/____/____