Medication authority and administering form

# Medication authority

To be completed by the parent/guardian

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:** |  | **Date of birth:** |  |
| **Name of medication:** |  | **Expiry date:** |  |
| **Reason for medication:** |  |
| **Storage instructions (e.g. to be refrigerated):** |  |
| **Please indicate how long this medication needs to be administered**: |  |
| **[ ]  Today only** | **Today’s date:** |  |
| **[ ]  Two or more consecutive attendance days** | **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:** | **[ ]** Before food | **[ ]** With food | **[ ]** After food |
| **Prescribing doctor’s name:** |  | **Phone no:** |  |
| **Letter from doctor/medical management plan provided?** | **[ ]** Yes | **[ ]** No |
| **Parent/guardian name:** |  | **Phone no:** |  |
| **Signature:** |  | **Date:** |  |
| **Educator receiving medication:** |  |
| **Signature:** |  | **Date:** |  |
| **Coordinator signature:** |  |

# Medication administration

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| --- | --- | --- | --- | --- | --- | --- |
| Last administered | Today’s date | Time given | Dosage & method of administrationbefore/with/after food | educator | witness | parent/ guardian signature and date |
| Date | Time | Name and Signature | Name and Signature |
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