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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 administration  before/with/after food | educator | witness | parent/ guardian signature and date |
| Date | Time | Name and Signature | Name and Signature |
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