

4.6.1 Medication Authority and Administering Form

<u>Medication Authority – to be completed by the parent/guardian</u>			
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			
<input type="checkbox"/>	Today only	Today's date	
<input type="checkbox"/>	2 or more consecutive attendance days (e.g. antibiotics)	Start date	Finish date
<input type="checkbox"/>	Ongoing, regular medication (e.g. Ventolin)	Start date	
<u>Details of Administration</u>			
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 administer his/her own medication		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication to be administered		Dosage	Time
Circumstances of administration		<input type="checkbox"/> Before Food	<input type="checkbox"/> With Food <input type="checkbox"/> After Food
Prescribing Doctor's name		Phone number	
Letter from doctor/medical management plan provided		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/guardian name		Phone number	
Signature		Date	
Educator receiving medication			
Signature		Date	
Coordinator Name		Signature	