Medication Authority Form & Record

This form is for the purpose of authorising and recording the usage of medication at our service.

TO BE COMPLETED BY PARENT

Child's Full Name:		Date:
Medication Name:		
Name of Medical Practitioner Issued by:		
Dosage Required: (as on label)		
Method of Administration:		
Circumstances under which medication should be next administered:		
Time/s to be Administered:		
Expiry Date of Medication:		

**I hereby agree that the above information is correct and authorise centre staff to administer the medication as detailed above.
I acknowledge that it is my responsibility to inform the staff ***IN WRITING* should any of the above details change.

**The medication must be in its original packaging, have a medication label (prescription or pharmacy completed by a registered medical practitioner), clearly labelled with child name, dosage and other medication information.

**Staff will only administer recommended dosages per the medication label.

**Ill and sick children are required to be cared for at home.

****Staff cannot be held responsible for any reaction caused by the administration of this medication.**

Parent Signature: _____Date: _____

Office Use Only:		
Educator Leader / Room Leader:	_____	Date: ____ / ____ / _____
Centre Director: Copy in Child File	_____	Date: ____ / ____ / _____

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A MEDICAL AUTHOITY FORM IS REQUIRED TO BE COMPLETED WITH THIS FORM. Please note that staff will only administer recommended dosages for medication in its original container bearing the original label with your child's full name on it and within the expiry date. The medication requires a prescription or a pharmacy label completed by a registered medical practitioner.

Child's Name: …… **Date of Birth:**……

To be completed by the Parent or Guardian								**To be completed by the Educator when administered**							
Name of Medication	**Last Administered**		**To be administered**		**Dosage to be administered**	**Method of administration**	**Signature of Parent or Guardian**	**Medication administered**		**Dosage Administered**	**Method of Administration**	**Name of Educator**	**Signature**	**Name of Witness**	**Signature of witness**
	Time	Date	Time	Date				Time	Date						