

Medication Authority and Administration Form

Authorisation and Medication Details			
Child's Name		DOB	/ /
Name(s) of medication(s) to be administered:			
Time and date the medication(s) were last administered			
The time and date [or the circumstances under which,] the medication should be next administered.			
Dosage of medication to be administered		Can the child self-administer medication?	Y / N
Method (e.g. oral) medication to be administered			
Any additional instructions or information (i.e. medication required to be refrigerated)			
<p>I,[parent or person named in enrolment form], give authorisation for the medication(s) listed above to be administered by the service, as described.</p> <p><input type="checkbox"/> I acknowledge the service can only administer medication from its original container, bearing the original label and instructions, and within the expiry/used-by date printed on the container/label. Where the medication is a prescribed medication, the label must have the name of the child whom the medication is to be given.</p> <p><input type="checkbox"/> I recognise medication will only be administered by the service in accordance with the instructions attached to the medication or otherwise instructed by a registered medical practitioner.</p>			
Signature		Date	

