

Authorisation to Administer Medication

Staff are only permitted to administer medication to a child if it is;

- A prescribed medication
- In its original package
- In its original package with a pharmacists label which clearly states the child’s name, dosage, frequency of administration, date of dispensing and expiry date
- Accompanied by *a letter of authority* from the parent/guardian
- All medication should only be administered in the presence of **two staff members**
 - **Time of dosage is stated**

FOR ASTHMA, DIABETES OR OTHER ONGOING MEDICATIONS

Parents will be required to advise the coordinator in writing whether their child will be responsible for administering their own medication, or will require supervision and full details of how, when (intervals), and by whom all such treatment is to be administered.

Please List or Attach Required Information

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Childs Name.....

Parents/Guardians Name:.....

Parents/Guardians Signature:.....Date:../...../.....

Authorisation for Medication

Childs Name:.....
Parents/Guardians Name:.....
Parents/Guardians Signature:.....
Read and Attach written consent form from parents/guardian before signing
Coordinator/First Aid Officer Signature:.....

Doctors Name:.....
Doctors Address:.....
Doctors Contact Phone:.....
Coordinator/First Aid Officer Signature:.....
Name of Medication:.....
Is the name of child on the medication? Please circle Yes No
Is the amount to be taken clearly written on the medication? Please circle Yes No

A witness must be present to administer medication

<i>Date</i>					
<i>Time Given</i>					
<i>Dosage Given</i>					
<i>Administers Signature</i>					
<i>Administers Name</i>					
<i>Witness Signature</i>					
<i>Witness Name</i>					

Returned to parent/guardians Yes No
Date:...../...../..... Parents/Guardians Signature.....
Coordinator Signature:.....