



PERMISSION TO ADMINISTER MEDICATION

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| Work Area: | Children's Services |
| Revision Number: | CS-0025.B |
| Last Modified: | June 2015 |

Medicine will only be administered if all relevant information is recorded and information is correct and legible. Medication needs to be in the original container and labelled with the child's full name (for prescription medication) or supported by a letter/certificate from an authorised Medical Practitioner (for non-prescription medication). The name of the medication and the instructions on the original container must be clearly legible and visible.

Please inform staff that your child requires medication and give the medication to the staff before leaving the centre.

SECTION 1 – PARENT/GUARDIAN TO COMPLETE

| | | |
|---|---------------|--|
| Child's Name: | | Date of birth: |
| Name of Medication: | | |
| Date Prescribed: | Expiry Date: | |
| Reason medication is required: | | |
| How medication is to be administered (eg medicine cup or syringe, sitting/lying down, with food etc): | | |
| Time and date last given: | Dosage: | Date and time (or circumstances) for it to be given: |
| | Dose 1: | Dose 1: |
| | Dose 2: | Dose 2: |
| | Dose 3: | Dose 3: |
| Parent Name: | | Parent Signature: |

SECTION 2: STAFF TO COMPLETE

| | |
|--|--------------------------|
| Dose 1 | |
| Child identity and medication label and expiry date checked: | |
| Name of Staff 1: | Signature Staff 1: |
| Name of Staff 2: | Signature Staff 2: |
| Dose given: | Date and time given: |
| How medication was administered: | |
| Comments: | |
| Medication administered by: | |
| Name of Staff 1: | Signature Staff 1: |
| Witnessed by: | |
| Name of Staff 2: | Signature Staff 2: |



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Dose 2

Child identity and medication label and expiry date checked:

Name of Staff 1: Signature Staff 1:

Name of Staff 2: Signature Staff 2:

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|-------------|----------------------|
| Dose given: | Date and time given: |
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How medication was administered:

Comments:

Medication administered by:

Name of Staff 1: Signature Staff 1:

Witnessed by:

Name of Staff 2: Signature Staff 2:

Dose 3

Child identity and medication label and expiry date checked:

Name of Staff 1: Signature Staff 1:

Name of Staff 2: Signature Staff 2:

| | |
|-------------|----------------------|
| Dose given: | Date and time given: |
|-------------|----------------------|

How medication was administered:

Comments:

Medication administered by:

Name of Staff 1: Signature Staff 1:

Witnessed by:

Name of Staff 2: Signature Staff 2: