

AUTHORISATION AND ADMINISTRATION OF MEDICATION

Reference: Education and Care Services National Law 2010; National Regulations: Regulations 92-96, 178,181-184; National Quality Standard: Standard 2.1;

PART A AUTHORISATION FOR THE ADMINISTRATION OF MEDICATION

This section to be completed by parents

I _____ give permission for _____ to give my child _____
 (Parent's Name) (Educator's Name) (Full name of Child)

his/her medication as detailed below: Reason for Medication: _____

Name of the medications/s	Dates/s dosage to be administered	Time dosage to be administered	Dosage to be administered each time	Doctor's or Pharmacist's instructions	Time the medication was last administered	Parent's signature	Date

PART B ADMINISTRATION OF MEDICATION

This section to be completed by Educator and signed by Parent

Full name of child: _____

Name of the medications/s	Dates/s dosage administered	Time dosage actually administered	Dosage administered	Name of person administering medication	Signature	Comments	Signature of parent/person collecting child, acknowledging that they have seen the medication record

These records must be kept until the child turns 25 years of age, consistent with the requirements of the Tasmanian Limitations Act 1974.