

AUTHORISATION AND ADMINISTRATION OF MEDICATION

(Reference: Education and Care Services National Law 2010; National 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 Clarence Children's Services to give my child _____ Date of birth _____
Full name of child

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

| Name of the medication/s | Date/s dosage to be administered | Time dosage to be administered | Dosage to be administered each time | Instructions by medical practitioner, dentist, pharmaceutical chemist, authorised nurse practitioner, or optometrist | If this is a narcotic ¹ substance, please indicate in this column Y/N | Date/time the medication was last administered | Parent's Signature | Date Amount of time effective |
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I have completed a Self-Administer Form for my child to self-administer their own medication

PART B ADMINISTRATION OF MEDICATION

This section to be completed by Educator (signed by parent at end)

Full name of child: _____

| Name of medication | Medication label consistent with parent's authorisation yes/no | Date dosage administered | Time dosage administered | Dosage administered | Name and signature of person measuring and administering medication | Name and signature of witness to measurement and administration | Way medication is to be administered & relevant comments | Signature of parent/person collecting child, acknowledging that they have seen the medication record |
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¹ See Schedule 8 of the Poisons List Order 2001

If an incident occurs as a result of the administration of medication, then those records must be kept until that child turns 25 years of age, consistent with the requirements of the *Tasmanian Limitation Act 1974*.