



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