CLARENCE CHILDRENS SERVICES
Supported by Clarence City Council

AUTHORISATION AND ADMINISTRATION OF MEDICATION

AUTHORISATION FOR THE ADMINISTRATION OF MEDICATION

*to be completed by parent/guardian

I _____ give permission for Clarence Children's Services to give my child _____ Date of birth _____
Full name of Parent/guardian — Full name of child — Select from dropbox

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

For the year: 2022

*This form will be valid for the school year indicated unless an updated form is provided

Name of the medication/s	Date/s dosage to be administered	Time or circumstance when mediation should be administered	Dosage to be administered each time	Instructions for administration of medication	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

ADMINISTRATION OF MEDICATION *to be completed by Educator and signed by parent in acknowledgment when collecting their child.

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	Method of administration & comments	Signature of parent/person collecting child, acknowledging that they have seen the medication record

[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*.