

## Medication Permission Form

In the interest of children's safety and wellbeing, the education and care service will only administer medication if it is in its original container with the dispensing label attached, The label should list the child as the prescribed person, the strength of drug and the frequency it is to be given.

Parents are asked not to bring their child to the Service until at least 3 doses of any new medication (they have not taken previously) have been administered.

Only a Parent / Guardian or Authorised Nominee as named in the Child's enrolment record as authorised to consent to the administration of medication to the child can complete this permission form.

Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Medical Practitioner/Pharmacist etc.: \_\_\_\_\_

**Medication Information:**

Name of Medication: \_\_\_\_\_

Date Prescribed: \_\_\_\_\_ Expiry Date of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_

**Time and date of Last Administration:** Parent/Guardian/Nominee to complete this on page 2, each day that medication is required to be administered whilst the child is in care.

**I request that the above medications be administered in accordance with the instruction below or the circumstances under which, the medication should next be administered:**

Date or Circumstances	Required time of Administration	Dosage amount required to be administered

Instructions for the manner in which the medication is to be administered: e.g., route (oral, inhaler), dose (e.g. thin layer, no. of drops/mls/tablets), before or after food: \_\_\_\_\_

Parent / Guardian / Authorised Nominee Full Name \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_

**Staff to complete on administration of medication on following page (form is to be printed back to back or stapled together.**

Second page of Medication Permission Form for (Child's Full Name): \_\_\_\_\_

Parent/guardian/nominee			Staff to complete								
Last Administered			Date	Dosage Administered	Time to be Administered	Time actually Administered	Manner in which medication was administered (e.g., oral liquid, thin layer cream, inhaler).	Name of staff administering medication	Signature of staff administering medication	Name of staff who cross-checked identity of child, dosage and administration of medication	Signature of staff cross-checked identity of child, dosage and administration of medication
Date	Time	P/G/N Signature									

Date	Comments – staff should provide details below if the medication was not administered or not administered as per the information the parent/guardian/nominee provided on this form and what contact was undertaken to advise the parent/guardian/nominee of this, including if applicable requirements of the Administration of Medication Policy being met.