

MEDICATION FORM

To be completed by the child's parent, guardian or a person nominated to give authorisation for medical treatment on the child's enrolment form

Permission granted (tick one only)

- I give permission for (Educator) _____ to administer medication to (Child) _____ as tabled below.
- I give permission for my school aged child _____ to self-administer medication for their medical condition under the supervision of (Educator) _____ as tabled below.

Special Instructions

Please provide instruction as required here (e.g. crush tablet, must be taken on empty stomach, etc):

Medication previously provided

If your child has already had a dose of medication prior to coming into care today please provide detail here:

Timetable for medication supply

To be completed by parent, guardian or nominated person				To be completed by educator			
Date and time to be administered	Name & type of medication	Dosage	Signature	Self admin / Admin by educator	Dosage	Date and time administered	Signature
				<input type="checkbox"/> Self <input type="checkbox"/> Educator			
				<input type="checkbox"/> Self <input type="checkbox"/> Educator			
				<input type="checkbox"/> Self <input type="checkbox"/> Educator			
				<input type="checkbox"/> Self <input type="checkbox"/> Educator			
				<input type="checkbox"/> Self <input type="checkbox"/> Educator			
				<input type="checkbox"/> Self <input type="checkbox"/> Educator			

Declaration (by parent, guardian or nominated person)

By signing below I declare that:

- The information on this form is true and correct and I authorise the Educator to provide the child with the medication as detailed on this form.

Print name

Signature

Date

 / /