

Prior Street Child Care & Development (2012)

Medication Permission and Administration Form

Date for Administration -

Child Details

Surname:

Given name:

Room:

Medication Details

Name of medication:

Chemist label : yes / no

Dosage required:

Method for administration:

Time required (or circumstances to be administered):

Last administered: Time : am/pm Date:

Doctor's name:

Doctors Letter: yes/no

Comments OR Any preferred parent contact details for today to assist staff with child's health care:

Signature of parent / guardian:

OR If applicable Signature of person authorised to consent to medication administration:

Educator to Complete Upon Administration

Medication administered:

Dosage administered:

Method for administered:

Time administered (or circumstances in which administered):

Date administered:

Name of educator administering:

Signature of educator administering:

Name of witness:

Signature of witness: